No.1 10 >

	PLACE OF DEATH	10077 STATE OF MARYLAND
	County L Con Ca	CERTIFICATE OF DEATH
ale.		Registration Dist, No.
	Village or City (Sanot Hano. 70 8	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and
	2FULC NAME /// Willie U	ellilo (mark) number.)
20	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ace	3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Year) (Year)
000	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I aftended the deceased from
	(Month) (Day) (Year)	that I Most saw h In alive on A 1923,
	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OP, DEATH * was as follows:
	8 OCCUPATION ds. or min.?	Julianuary Just Cultures
4	(a) Trade, profession or particular kind of work	
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. a. mos. ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER Leadings!	(Signed) 1920 (Address) MINA M.D.
	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Celled James	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State of Country)	At place In the of deathyrsmosds,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
	(Informant) (I dea Clatters are	Former or usual residence
	(Address) JSB Call	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 193
	15 Filed 1/128 19230 fray 6 c. 8 c. Registras	no independent of sof northers
	If more b.anks are needed, addre.s : tate Negistrar	, 15 W. Saratoga Et., Balto., Requesting V. S. 1.0. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quoscupation is very important, so that the relative healther," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, L Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. should be used only when needed. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, Foreman, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on (b) Automobile factory. The material As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-Whooping cough; American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this fertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County.	GI-E) CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City (No.215)	St.: Ward) (If death occurred in a hospital or institution, give its NAME listend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mark 4 COLOR OR RACE SINGLE, MARRIED, Menued. OR DIVORCED (Write the word)	16 DATE OF DEATH 8 5 , 1980
6 DATE OF BIRTH Nec. 24.1859	17 1 HEREBY CERTIFY, That I attended the degeased from . 7/28/30 192 . to
(Month) (Day) (Year)	that I jast say h Malive on 8/5 / 80, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at 11204 m.
70 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Certeriocclerosis
, business, or establishment in	(Duration)yrende.
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	Durstion yrs mos de,
FATHER RICHARD WISHED	(Signed) M. D.
0 11 BIRTHPLACE OF FATHER	0.192 (Address)
Z (State or country) C- U5 Co.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Manual Jo, Mar	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place in the
(State or Country) W- W- (Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dea h?
(Informant) Mroon (Plane)	Former or usual residence
(momant)	19 PLICE OF BURIAL OR REMOVAL BATE OF BURIAL
(Address)	Bleny fell, lug 1/, 1930
15 Fileding 7 1923 2 Frayle of The Meristra	Mane Holsh 34 Tochuest
If more blanks are needed, addre s tate hegistrar	. 18 W. Saratoga St. Balto., i.equesting V. S. Tio. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it tion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Former (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as (b) Automobile factory. The material

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drepsy," (E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitiol nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY chronic vacuus.
>
> menhritis, etc. The contributory Example: Meosles (disease

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PLACE OF DEATH

PLACE OF DEATH	U1285 STATE OF MARYLAND
County ause anudel	CERTIFICATE OF DEATH Registration Dist. No. 2 2
Village or City Farman (No.	St.: Ward) (If death occurred i
0	ward a hospital or insulti tien, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Now What Strange of Stranger, Married, Middle What OR DIVORCED WILL (Write the word)	16 DATE OF DEATH Refugge 2, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH aug 31, 18	17 I HEREBY CERTIFY, That I attended the decessed fram 1928 to Definant The 1921 that I last saw h see alive on Human 1921
7 AGE (Youth) (Day) (Yes	han and that death occured on the dete stated above, at . The many
g occupation (a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duretien)
9 BIRTHPLACE (State or country) Balls, Co M.	Contributory Secondary Secondary (Duretion) yes mee 3/1 3
10 NAME OF John almony	(Signed) Pot ammond M. I
OF FATHER (State or country) Salls Co Ma	*State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Mesns of injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER CHANG Share	18 LENGTH OF RESIDENCE (For Prospitals, Institutions, Tronsisents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Onla Common Marie Mari	At place of death yrs mos ds. State yrs de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Dessur. Clubny	19 PLACE OF BURIAL OF REMOVALA DATE OF BURIAL
(Address) Statistical That Jones	PEN diftery range (PET 9, 190
Filed Feb 3 19230 ML Jones	It & Marshall 3539 Stalls Kord
If more banks are needed, addrosa State Region	strar, 16 W. Saratoga St., Balto., Requesting V. S. 16.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fillness of various pursuits can be known. The quescupation is very important, so that the relative health er., Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Chril engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, House or given up on account of the DISEASE CAUSING DEATH whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, yrs). without more precise specification as Day (a) the kind of work and also (b) the For persons who have no occupation If the occupation has been changed Laborer-Salesman, -Coal mine, etc. Locomotive engineer, not gainfully em-(b) Grecery;

Typhoid fever in ver report "Typhoid Pneumonia"); spinal menin itie"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumer i. Broncho:pneumonia ("Pneumonia,

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ans wered in detail, it. permanently fi If this certificate is

S No. 1

PLACE OF DEATH	06369 STATE OF MARYLAND
County (1, Cu-Co.	CEDTIFICATE OF DEATH
The state of the s	
	Registration Dist. No.
Village or City Innapolio (Nolo 2)	Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULE NAME MOLLEY	Inches of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Wedge,	16 DATE OF DEATH NE VI
Tenalo Cof, Wildowed, Wildowed, Write the word)	Month / (Way) (Year)
6 DATE OF BIRTH	17 7 I TEREBY CERTIFY, That I attended the deceased from
3 Mapron 1	Jule 10 1921. 107 July 27 , 1920.
(Month) (Day) (Year)	that I last saw he alive on the my, 192N,
7 AGE IFLESS than	and that death occurred on the date stated above, at
5 4 yrsds. orin.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	agellis seque of an value
(a) I rade, profession or particular kind of work	ana
(b) General nature of industry	
business, or establishment in	(Duration) vrsds.
which employed or (employer)	Contributory Clause
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	Duration) yrsmos
FATHER (In Royal)	(Signed) M. D.
M 11 BIRTHPLACE D OF FATHER	(1) 192h (Address)
Z (State or country) Unknow	State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER	19 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place in the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(promant) earnether (lemontes	Former or usual residence
(Address) 6 & Washing Im	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	EQUINDERTAKER ADDRESS M. / II
Filed put 1 19230 frontil C. fra 2	10 10 10 10 10 All W All
Registra	Over Steps H. Innapolio
If more blanks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Andrew .	60
Tol.	_ >
W 703	L
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	4

Every item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH In plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS

PLACE	OF	DEATH		
1 LAGE		DEATH	1	Non.
County		/	100	
County				



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

Village or City Mules Sville (No. Que	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOVED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEAT PLANS 30, 1936. (Month) (Day) (Year)
6 DATE OF BIRTH CLEAN 1848 (Month) (Day) (Year)	that I last saw h handlive on Oct 30, 193.0
about 90 yrsds. If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Matrie legurz etation
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) (State or country) (State or country)	Contribute de Co
10 NAME OF FATHER UNGLISHED	(Signed Charles) M.D. M.D.
OF FATHER (State or country level and Country level Countr	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MAN MUNICIPAL OF MOTHER (State or County) There Amended for	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) James 7 anderson	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mussbarry my	DUNDERTAKER ADDRESS ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons cn-Foreman, first line will be sufficient, e. g., Farmer or Planler, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Parm laborer, Laborer—Coal mine, etc. Wom-(b) Automobile factory. The material But in many Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheriu (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetunus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

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V. S. No. 1

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PLACE OF DEATH	STATE OF MARYLAND
County U - a -	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Pround Wood (No.	St.: Ward) (If death occurred in a hospited or institution, give its NAME in
2FULL NAME Still Infant (1	nderson stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male ("I SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 16- , 1930 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Wonth) (Day) (Year)	that I last saw has salive on half 16 7, 192
7 AGE If LESS than day hrs. ormin.?	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or	0
particular kind of work	Viennature Surly
(b) General nature of industry business, or establishment in	(Durstion) yrs, mos ds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Promis Woods Md	Secondary (Duration) yrs
10 NAME OF Carlon anderson	(Signed) That along M. D. 7-17-193 (Address) B. Calver Current
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Swah, Brooks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Froms Woods Wid	At place of deathyrsmosds. In theyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Carl for audirbon	ususl residence
(Address) RAD 2, Box 15	Broad NECK CELL- 7, 18, 1950
Filed July 18 19230 Joseph C- Jon w Well Registrar	EH Blarker 47 Washington
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	or Malony.

A M. P. M. M

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery;eman, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature

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N.B.

PLACE OF DEATH	12167 STATE OF MARYLAND
County ann asunde	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
² FULL NAME	Aumber,)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH) (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the decented from
6 DATE OF BIRTH	192 , 10 , 192
(Month) (Day) 7 AGE Continue Continue	and also death occurred on the date stated above, at 2 2
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER A Clinical State or Country 22 MAIDEN NAME OF MOTHER OF MOTHER	Contributory Secondary (Duration) (Duration) (Signed) (Signed)
13 BIRTHPLACE OF MOTHER (State or country) North Carolina 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients, or Recent Rewidents) At place In the of death yrs mosda. State,yrsmosda. Where was disease contracted, if not at place of death?
(Informant) (Aeldress) (Aeldress) Filed (723 19208) Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL La Spinglow - Rud - 1/2 3/150 20 UNDERTAKER ADDRESS JOHN Anderson Sambries
'T more Dianks are needed, address State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. a !ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Whatever, write None. (a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-6 yrs.). For persons who have no occupation For many occupations a single word or term on specially in industrial employments, it is neces-Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a) The material

EASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal ment of cause of death approved by Committee on quences (c. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. "Puerperal septicuemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor. symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopnoumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was undervulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease (second-(merely

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YSI- xaot	PLACE OF DEATH	03891 STATE OF MARYLAND
PH -	County Anna Houna	CERTIFICATE OF DEATH
fled	00 11-10	Registration Dist, No.
CTI Sesi	Village or City 8 1 1 1 1 (Not CC	St.: Ward) (If denth occurred in a hospital or institu-
ated EXAC	2FULL NAME Stull 69	tion, give its NAME in- stend of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
uld be st tay be pr back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH 6 April , 1920 (Month) (Day) (Year)
short it m	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on least 192, 192,
plied. ACE rms so that instruction	7 AGE	and that death occurred on the date stated above, at
lied ns nstr	yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
ly sup lain tel	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Juli Tesson
eful in pl	business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
ould be caref F DEATH in very importa	9 BIRTHPLACE (State or pountry) 10 NAME PF FATHER ATTEMPT AD ALT DOWN	Contributory Secondary (Durstion) yra. mos. ds. (Signed) M. D.
AUSE O	11 BIRTHPLACE OF FATHER (State or county) 12 MAIDEN NAME	*State the Disease Cauking Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
format tate C	OF MOTHER SAY POTTE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the
d so	(State or county) (State or county)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
shoul ent of	(Informant) Martin Anderson	if not at place of death? Former or usual residence
Every item CIANS sho statement	(Address) Granklyn Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS
B	Filed 7 57 1930 Mindl Wasse of Registrar	nartin Anderson Brothy MA
-	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease stated unless important Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Exhaustion, atic), "Atrophy," "Collapse," "Coma," "Convulsions, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; "Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic etc. The contributory affection need valvular heart disease; not be

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N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County U - U -	(3) CERTIFICATE OF DEATH
	Registration Dist. No. 27
Village or City Chi (No. 34 Cor	Mard) (If death' occurred in a hospital or institution, give its NAME is
2FULL NAME Still Infaul (arler (luder on number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Juig & WIDOWED, OR DIVORCED (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 20, 1930	
(Month) (Day) (Year)	thet I last sew halive on
7 AGE If LESS than I day hrs.	and that death occurred on the dete stated above, atm. The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	The CAUSE OF HEATH " was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	no flysicom
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yre,mosds,
9 BIRTHPLACE (State or country) annaliolis /11d	Contributory Secondary (Duration) ys mos ds
FATHER MILL CONTEN	(Signed) M. D.
OF FATHER (State or country) Amafolis Indi	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
M 12 MAIDEN NAME	Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
of MOTHER Catherine Chickerson	ients or Recent Residents)
OF MOTHER (State or Country) amajoris and	At place of deathmosds. In the Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mathew J. anderson	Former or usual residence
(Address) 34 Comfiell St	Brushill Cem 7. 22., 1930
15 File File 22 1923 D fray G.C. So Ca Me	20 UNDERTAKER Jarken 47 Wash-
If more blanks are needed, address thete Registrer	, 16 W. Seretoga St., Balto., Requesting V. S. No. 1.
	L'action de l'action de l'action de la constitute de la c

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(Approved by U. S. Census and American Public Health Association.)

Spinner, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more pressure, creating, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, nature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, to report whatever, write None. Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material Compositor, specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentaken. For violent deaths state means of injuly diseases can be ascertained as the cause. Always qualify all "Uraemia, Chronic interstitial nephritis, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease;

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PLACE OF DEATH OF MARYLAND CERTIFIC E OF DEATH Dist No. gistra a hospit it or institution, give its NAME i stead of street and number.) Cec PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH pr 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, 0 may be WIDOWED 20 BINDIN OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from .192 rms so that (Day) (Year alive on 7 AGE flf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: min.? B OCCUPATION 90 ESERV (a) Trade, profession of particular kind of work Rantioa plai (b) General nature of industry Punnsy business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 4 D W 0 10 NAME OF FATHER li. 00 11 BIRTHPLACE RENTS OF FATHER SO *State the Discase Causing Death, or, In deaths from (State or country) 2 Violent Causes, state (1) Means of Injury and (2) Whether 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME ~ OF MOTHER 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transnform 90. ients or Recent Residents) should state 13 BIRTHPLACE At place ln the OF MOTHER of death State_____yrs.____mos.___ yrs......ds. Where was disease contracted. if not at place of death? Every item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OF BURIAL If more branks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Reguesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., William laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealshould he used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician. Compositor, Architect, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation person, irrespective of -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature of the American Medical Association.) "(Traemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinomu, Sarcoma, etc., of telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic etc. The contributory valvular heart disease; not be

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Ca.	

PLACE OF DEATH

16 DATE OF DEATH

excitement

Contributory

Secondary

At place of death

ients or Recent Residents)

Where was disease contracted, if not at place of death?.....

STATE OF MARYLAND

(Month) (Day)

19230 to October 29 , 19230

County Anne arundel	77)	CERTIFICATE OF DEATH
		Registration Dist. No.

17

Crownsvill No. State Hospital Village or City

St.: Ward)

MEDICAL CERTIFICATE OF DEATH

October 29th

that I last saw h im alive on October 29 192 30

and that death occurred on the date stated above, at 5 . 80 .. P. m.

19230 (Address) Crownsville

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the 20

Acute exhaustion due to prolonged

The CAUSE OF DEATH * was as follows:

I HEREBY CERTIFY, That I attended the deceased from

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

William Arline ²FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SSINGLE. Married 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. male black OR DIVORCED (Write the word)

6 DATE OF BIRTH

7 AGE

unknown (Day) (Month)

If LESS than I day hrs. ds. or min.?

8 OCCUPATION (a) Trade, profession or Laborer barticular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

North Carolina

10 NAME OF FATHER

Henry Banes 11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

North Carolina Unknown

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Hospital Records

Crownsville, Maryland

rormer or Baltimore

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more previous in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING HEATING Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Charployed. as At school, or At home. Cure should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil sugineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g. . Farmer or Plunter, tion applies to each and every person, irrespective of to report Foreman, (b) For many occupations a or At Home, and children, yrs). (b) Colton mill; (a) Salesman. specifically the occupations of persons en-For persons who have no occupation Automobile factory. The material single word or term on not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DIST EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphere fever the only definite synonym is "Epidemic cérebrosphere the only definite synonym is "Epidemic cérebrosphere the only definite synonym is "Epidemic cérebrosphere the only definite synonym is "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

relanus) may be stated under the head of "contributory." Papproved by Committee on Nomenclature as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably smeide. The n ture of the injury, auxident; Revolver wound of head-homicide; Paisoned by "Uraemia," "Weakness," etc., when a definite disease "Deblity" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar, or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonueum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Example: Measles (disease

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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EXACTLY,	y classified	icate.	
stated	properi	of certif	
be	eq.	OK	
should	it may	s on ba	11
ACE	that	stions	-
N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PMYSI	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exac	statement of OCCUPATION is very important. See instructions on back of certificate.	
N. B Every item	CIANS Sho	statement	

1PLACE OF DEATH County Q.Q.	03892 STATE OF MARYLAND CERTIFICATE OF DEATH
2 1 1: 18	Registration Dist. No.
Village or City Chung Cales (No. 6m	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Alonth) (Day) (Year)
6 DATE OF BIRTH Apr. 11 1930 Alonth) (Day) (Year)	that last saw haralive on Office 1 1980
7 AGE Fremature birth If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 1030 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 3/2 mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds
10 NAME OF Walter Butler	(Signed) 9 Millis Marling M. D. 4/13 1933 (Address) Carra polis, MA
OF FATHER State or country) 12 MAIDEN NAME	State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Dana armiger 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence /B Carnhill Aff
(Address Junepolis Ella.	Denotolis 4 ech alfrelly, 1930
15 Filed april 18230 fray 4 C Frietre	Tolen W. Vayler assupoli
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (0) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cool., Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Forman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer, But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fener** (the only definite synonym is *Fpidemic cerebrospinal meningitis"); *Diphtherio** avoid use of *Croup") Typhoid fener** (never report "Typhoid Pneumonia"); *Lobor pneumonia, Bronchopneumonia** (*Pneumonia, Bronchopneumonia**)

"Debility" ("Congenital," "Senile," etc., "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Meosles (disease use of "Tumor" for malignant neoplasms); Meosles; tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL peritonilis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperitonacum, etc., Carcinoma, Sorcoma, etc., of resulting from childbirth or miscarriage as name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease; not be

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PLACE OF DEATH

Anne Arundel County



STATE OF MARYLAND CERTIFICATE OF DEATH

Vil	lage or City	owns ville (No.		tion, give its NAME in stead of street and
-	PERSONAL AND	STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH
		OR RACE SINGLE MARRIE WIDOW OR DIV	D. ED. DRCED	16 DATE OF DEATH June 26th , 192 30
6 (DATE OF BIRTH	Unknown (Month) (D	, 1.879 ay) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 24 1929 to June 26th 1923 that I last saw h imalive on June 26th 1923
71	Sl? yrs	unlimosin	If LESS than 1 day hrs. ds. or min.?	and that death occurred on the date stated above, at 4 Ps. m The CAUSE OF DEATH * was as follows: General Arteriosclerosis
(b	particular kind of work, b) General nature of incusiness, or establishmen which employed or (employed to (State or country)	dustry it in		Contributory Seni Lty Secondary
S	10 NAME OF FATHER 11 BIRTHPLACE	Unknown		(Signed) M. D. M. D. M. S. M. D. M. S. M.
ARENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Unknown Unknown		*State the Disease Causing Death, or, in destination Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)
а.	13 BIRTHPLACE OF MOTHER (State or Country)	Unknown		At place 1 yrs 1 mos. 2 ds. In the State This times d
14	(Address) Cr	spital Reco	rds	Former or usual residence Cambridge, Maryland 19 PLACE OF BURIAL OR REMOVAL LOSAL 20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., was laborer, and laborer, and are state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material 6 yrs). For many occupations a single word or term on 20 (b) Cotton mill; (a) Salesman. (b) At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer-Coal. minc, etc. Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ("crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertamed "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Recommendations on statement of cause of letanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi by " "Marasmus, " "Old Age, " "Shock, Committee on Nomenclature as the cause. Chronic valvular heart disease, etc. The Always qualify all contributory

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1PLACE OF DEATH	06372 STATE OF MARYLAND
County.	CERTIFICATE OF DEATH
Village or City Bastkow Ourse anuse &	euff. Registration Dist. No. 21
Village or City Assert O Willow Contract O	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 29 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH RIVER	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on
7 AGE Shewrently [If LESS than	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Rentaura T. hall	accedental drowning
particular kind of work MMMMM Numb half	
business, or establishment in which employed or (employer)	(Duration)yrsmosda,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF James. O Austri Sr	(Signed) Line W, Auderson J. Raling as Corongo.
of FAT(HER (State or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Hamicidal.
OF MOTHER OMA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) hus A. I. Summe	Former or usual res.dence
(Address) 80 Thanklus at	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1990
Filedring 30 1923 of my 6 exp Registras	Merles Treps Amples
If more b.anks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it should be used only when needed. As examples: (a) cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report Foreman, (b) For many occupations a single word or term on yrs). specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiscases "Uraemia, ""Weakness," etc., when a definite disease Chronic interstitial nephritis, approved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature not be

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 1-PLACE OF DEATH REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.) (Usual place of abode) (If non-resident give elty or town and State) a Length of residence in city or town where death occur How long in U. S., If of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH classified. 4 COLOR OR RACE 5 Single, Married, Widowed, 3 SEX 16 DATE OF DEATH (month, day, and year) () 19 30 or Divorced, (write the word) CERTIFY. That I attended deceased from 54 If married, wldowed, or divorced HUSBAND of (or) WIFE of that I last saw handlive on a 6 DATE OF BIRTH (month, day, and year) and that death occurred, on the date stated above, at .. 7 AGE Months Days If LESS than The CAUSE OF DEATH* was as follows: may dayhrs that it 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (duration) (b) General nature of industry. business, or establishment in CONTRIBUTORY which employed (or employer) (Secondary) (c) Name of employer See 18 Where was disease contracted if not at place of death?.... 9 BIRTHPLACE (city or town) (State or country) Did an operation precede death? Lo Date of important 10 NAME OF FATHER Was there an autopsy? What test confirmed diagnosis? II BIRTHPLACE OF FATHER (eity or town (State or country) (Signed) RE (Address) 4 12 MAIDEN NAME OF MOTHER *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicldal, or Homicidal. (See reverse side for additional space.) mation s CAUSE TION is 13 BIRTHPLACE OF MOTHER (city or town) (State or country) 14 19 PLACE OF BURIAL, CREMATION OR RE-DATE OF BURIAL MOVAL Informant (Address) 15 20 UNDERTAKER Registrar

FXACTLY. properly properly pe should supplied. should be carefully s OF DEATH in plain carefully.

CERTIFICATE OF DEATH.

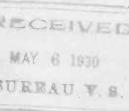
[Approved by U. S. Census and American Public Health Asso.]

has been changed or given up on account of the ning of illness. If retired from business, that fact Scrvant, Cook, Housemaid, etc. If the occupation DISEASE CAUSING DEATH, state occupation at beginlaborer, Laborer-Coal mine, etc. Women at home, of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm amples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (b) Foreman, (b) Automobile factory. The material worked on may form part ment; it should be used only when needed. As exnature of the business or industry, and therefore an additional line is provided for the latter stateto know (a) the kind of work and also (b) the pecially industrial employments, it is necessary Stationary Fireman, etc. But in many cases, es-Architect, Locomotive Engineer, Civil Engineer, e. g., Farmer or Planter, Physician, Compositor, word or term on the first line will be sufficient, The question applies to each and every person, healthfulness of various pursuits can be occupation is very important, so that the relative For persons who have no occupation whatever may be indicated thus: Farmer (retired, 6 yrs.). persons engaged in domestic service for wages, as taken to report specifically the occupations of ployed, as At school or At home. Care should be work, or At home, and children, not gainfully emnite salary only (not paid Housekeepers who receive a defiwho are engaged in the duties of the household write None. Statement of Occupation .- Precise statement of may be entered as Housewife, Houseknown.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of......(name origin;

mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," or terminal conditions, such as "Asthenia," "Anæ stated unless important. ondary or intercurrent) interstitial nephritis, etc. cough, Chronic valvular heart disease; Chronic for malignant neoplasms); Measles; Whooping "Cancer" is less definite; HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; as "Puerperal septicemia," "Puerperal peritonieases resulting from child birth or misearriage, ascertained as the cause. Always qualify all dis-"Weakness," etc., when a definite disease can be case causing death), 29 ds.; Bronchopneumonia (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Comearbolic acid-probably suicide. The nature of OF INJURY and qualify as ACCIDENTAL, SUICIDAL, (secondary), 10 ds. Never report mere symptoms the injury, as fracture of skull, and consequences Revolver wound of head-homicide; Poisoned by was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation Association.) mittee on Nomenclature of the American Medical Example: Meastes (disaffection need not be The contributory (secavoid use of "Tumor"

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



PARENTS

OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or Country)

>		f, PHYSI- ed. Exact	
	CORD	suppiled. ACE should be stated EXACTLY, PHYSI- n terms so that it may be properly classified. Exact See instructions on back of certificate.	
S. C.	ANENT	be stated be prope	
DAIR	A PERMA	CE should nat it may ons on ba	
KVED FOR BINDING	KTHIS IS A PERMANENT	ppiled. Acerms so the instruction	
Y	¥	su n t	

PLACE OF DEATH County Anne Arundel State Hospital Crownsville Village or City Edith Bailey 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS SSINGLE. MELTICO 4 COLOR OR RACE MARRIED, WIDOWED Female black OR DIVORCED (Write the word) 6 DATE OF BIRTH unknown (Month) (Day) IIf LESS than 7 AGE l day hrs. unknown ds. or min.? occupation
(a) Trade, profession or Domestic particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Unknown 10 NAME OF FATHER Dead 11 BIRTHPLACE OF FATHER Unknown (State or country) 12 MAIDEN NAME

03894

(77)

898

(Year)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

(If death occurred in a hospital or institu-

ADDRESS

St.: Ward) tion, give its NAME is -stend of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH April 10th , 19230
(Month) (Day) (Year)
April 2nd, 192 30 to April 10th 192 3
that I lest sew h erelive on April 10th , 19230
and that death occurred on the date stated above, at 4:15 P m The CAUSE OF DEATH * was as follows: Exhaustion due to acute mania
(Duration) 2 Weeks (Duration) yrs mos ds
(Signed 10 192 30 (Address) Crownsville, Md)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) At place 8 In the Unknown ds. State yrs mos ds.
Where was disease contracted, if not et place of dea.h?
Former or Worton, Kent County, Md.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)	Hospital Reco	ords
(Address)	Crownsville,	Maryland

Dead

Unknown

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At Home and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvuum contributory Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

/	PLACE OF DEATH County A. A.	02517	STATE OF N CERTIFICATE Registration D	OF DEATH
Vi	llage or City Annapolis (No. I20 Coll 2FULL NAME Harry Bruen Baker	Lage Ave.	St: 2 Ward)	(If death occurs a hospital or in tion, give its NAN stead of street number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single	16 DATE OF DEATH	Morch (Month)	19 , 19 3
	June 25 , 1.878 (Month) (Dsy) (Year) AGE If LESS than 1 day hrs.	17 I HEREBY	red on the date stated	erch 19,1
	5I yrs. 8 mos. 25 ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work clk. Pharmacy. (b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Annapolis Md.	Contributory	Duration The Duration of the Contract of the C	Je sw har
ENTS	10 NAME OF FATHER Alfred O. Baker 11 BIRTHPLACE OF FATHER (State or country) Annapolis Md.		O(Address) Ocath, ate (1) Means of Injor Homicidsl.	of, in deaths frury and (2) Whet
PAR	12 MAIDEN NAME OF MOTHER Scharlette Bruen 13 BIRTHPLACE OF MOTHER (State or Country). Annapolis Md. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		SIDENCE (For Hospit. sidents) In the nosds. State racted,	als, Institutions,
15	(Address) Annapolis Md,	Former or usual residence		DATE OF BURI. Mar. 22 , 1
=	Registrar	John M. Ta		Annapolis

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

deaths from (2) Whether

at I attended the deceased from

Hospitals, Institutions, Trans-

.....yrs......mos.....

DATE OF BURIAL

Annapolis Md.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomative engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Chronic interstitial nephritis, approved by Committee on Nomenclature (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronie valvular heart disease; Example: Measles (disease etc. The contributory

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1930

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. classifled Registration Dist. No. 2 Ward) (If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) properly of certif MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH WIDOWED. OR DIVORCED 7 may (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION tel (a) Trade, profession or E S particular kind of work pla (b) General nature of industry business, or establishment in 2 Importa which employed or (employer) ATH Contributory 9 BIRTHPLACE Secondary (State or country) DO 10 NAME OF JIL FATHER 00 (Address) CON *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury 20 Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-9 6 ients or Recent Residents) stat 13 BIRTHPLACE In the At place OF MOTHER ____yrs......ds. 00 Where was disesse contracted, CIANS should statement of C if not at place of death?.. Former or usual residence DATE OF BURIAL If more bianks are needed, address State Registrar 16 W. Saratoga St. Balto., Requesting V. S. No. 1

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Furnica (re-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Farm laborer, Luborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (6) Grocery; from

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia "("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Debility" ("Congenital," stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi 'Congenital,' "Senile,' etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease, etc. The contributory

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V. 3 No. 1

N. B.

PLACE OF DEATH	05177 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
1 11- 120 -	Registration Dist. No. 21
Village or City Amabolia (No. 68 North	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw har alive on may 19 , 1936
7 AGE (RESS than	and that death occurred on the date stated above, at
l day hrs.	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work	Paralysis & Drofsy,
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) Amapolis	Contributory Secondary (Dyrayon) yrs mos ds.
10 NAME OF BROWN	(Signed) M. D.
OF FATHER (State or country) 12 Majoen Name	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER from frathers	13 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyismosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea h?
(Interment) Seorge multimo	Former or usual residence
(Address) 43 horthwest a	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File Juny 21 1930 Jung 6. In a m	Sharks Chicken Address Amahola.
Rogistra	7 6. 7 7
If more blanks are needed, address Ltate hegistras	, 15 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf whatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," (secondar) or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory

PLACE OF DEATH

Anne Arum el County

STATE OF MARYLAND CERTIFICATE OF DEATH

	(* y	owngwille	stite ogni		Dist. No. 2/
Vil	lage or City2FULL NAME			St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-	PERSONAL AND	STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	male blac	k MAR	RIED, NICOWED, DIVORCED e the word)	16 DATE OF DEATH July 5th (Month)	
6 1	DATE OF BIRTH	Unknow (Month)	n , 1860 (Day) (Year)	17 I HEREBY CERTIFY, That I at Feb. 22nd 1920 to July	19230. 5th 19230.
7 4	AGE 70 yrs	. <u>U.</u> mos <u>al</u>	If LESS than I dayhrs. ormin.?	The CAUSE OF DEATH * was as follows:	
b v	a) Trate, profession of controller kind of work b) General nature of ind custiness, or establishment which employed or (emploser (State or country)	lustry in		Contributory Senili Secondary	ware
_	10 NAME OF FATHER		ernett,desd	(Signed)	VENUL M.D.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	Marjland		*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	
ARE	12 MAIDEN NAME OF MOTHER	mine ?		18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	
-	13 BIRTHPLACE OF MOTHER (State or Country)	hergien	d	At place of death yrsmos.lds. In the St	ateyrsmosds.
14	THE ABOVE IS TRUE TO	THE BEST OF M	Y KNOWLEDGE	if not at place of death? Former or usual residence we sain ton Cou	
	(Informant) Hos	ital Reco	01,00	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	(Address) Cro	wnsvilla.	man a factoria	Hooph Cem.	7/9.30,19
15	Filed Mar 9 1	92 A B	Money	20 UNDERTAKER	ADDRESS

If more bianks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Luc

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servout, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Sulcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material duties of the (3) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease approved telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, corbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was underean be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Mousles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonocum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trointaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondar or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'name origin; "Cancer" is less definite; avoid by Committee on Chronic etc. The contributory valvulor heart disease, Nomenclature

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, Houseer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart lanure, "Shoek," "Shoek," "Old Age," "Shoek, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the not disease;

No. 1

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important.

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PARENT

PLACE OF DEATH
County Unne Mundel
Village or City Shady Shople
2FULL NAME / SUSSESSION TO
PERSONAL AND STATISTICAL PARTICULARS
Marke Africe Single, Married, Mulowed Mule OR DIVORCED (Write the word)
(Month) (Day) (Year)
7 AGE 7 8 yrs. 3 mos. de. lfLESS the l day have a lor mir
occupation' (a) Trade, profession or particular kind of work

05440	STATE OF M.	ARYLAND
05179	CERTIFICATE	OF DEATH

St.:

Registration Dist. No

(If death occurred in

m The	duck Bash stead of street and number.)
LARS	MEDICAL CERTIFICATE OF DEATH
uriel	16 DATE OF DEATH MAY 9, 1920
, 1857 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 4 1930. to May 9 , 1930, that I last saw have alive on May 9 , 1923.0
If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 2 Pm, The CAUSE OF DEATH * was as follows: (Sklutular disease of Hear)
	(Duration)
1	(Signed) Ges / Dend M. D. (Signed) G. 1980 (Address) Churches
0	*State/ the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
chnes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds.
DGE	Where was disease contracted, if not at place of death? Former or usual residence
	19 PLACE OF BURIAL OR BEMOVAL PARTY PROBLEM May 11, 1930. 20 UNDERTAKER APDRESS
end MC	Ta. Harderly Galesoulle

which employed or (employer) BIRTHPLACE (State or country)

11 BIRTHPLACE OF FATHER (State or country)

(b) General nature of industry business, or establishment in

10 NAME OF

MAIDEN NAME MOTHER 13 BIRTHPLACE

OF MOTHER (State or country)

(Informant) (Address)

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto./Requesting V. S. No. 1.

90

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, laborer, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Locomotive The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless importan+ as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; L. Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. The contributory not be

1	X	, PHYSI- ed. Exact
4	CORD	supplied. ACE should be stated EXACTLY, PHYSI- n terms so that it may be properly classified. Exact See instructions on back of certificate.
2	NENT	be stated be prope
	A PERM	SE should
מווסמוום אסב משאצ	KTHIS IS A PERMANENT CORD	pplied. AC erms so the
5	J	Su Se

PLAC	E OF	DEATH	
County	Anne	e Arundel	County



16 DATE OF DEATH

and that death occurred

The CAUSE OF DEATH Pulmonary

Contributory

Secondary

MEDICAL

1 HEREBY C

STATE OF MARYLAND CERTIFICATE OF DEATH

Re	egistration I	Dist. No.	21
St.:	Ward)	(If death a hospital tlon, give it stead of number.)	occurred in or institu- s NAME in- street and
CERT	IFICATE C	F DEATH	
1e 18	Bth)	19230
(Month)	(Day)	(Year)
		ended the de	
192	to Ju	ne 18	, 192 30
live on	June	18th	, 192 30
on the	date stated	above, at 1	2:40Pm.
* was a	s follows:	is	
		. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

(Signed)				
Mane 18 19	230 (Address) .C.1	ownsvi	116	Md.
*State the Violent Causes.	Disease Causing state (1) Means	Death, or,	in	deaths from (2) Whether

Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

ients o	Residents)		
At place	 77 3	In the	d

of death 9 yrsmos3ds.	State I. i. Pts. t. j. mpsde
Where was disease contracted, if not at place of death?	
if not at place of deathr	0 0 0 0 0 0 0 0 1 1 1 1 0 0 0 0 0 0 0 0

Former or Baltimore City, Maryland

PLACE OF BURIAL OR REMOVAD	DATE OF B
MIT ()	16111/2
HAN & ALITHANIE VIII	XULLUX

My	·au	burne	Cen	e f
TAND :	DTAKED		_	N/A

DDRESS V

If more bianka are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Wilson Beal ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE single MARRIED, WIDOWED. OR DIVORCED black Male (Write the word 6 DATE OF BIRTH Unknown (Month) (Day) (Year) If LESS than 7 AGE BOCCUPATION (a) Trade, profession or Unknown particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE

I day hrs.

Crownsville State Hospital

(State or country)

Village or City

Maryland

ID NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER

Z

(State or country) 12 MAIDEN NAME

Unknown

Unknown

OF MOTHER 13 BIRTHPLACE OF MOTHER

(State or Country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Hospital Records (Informant)

Crownsville, Maryland

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Karmer (regaged in domestic service for wages, as Servant, Cook laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, neer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons Laborer-Coal mine, etc. Womwho have no occupation not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the primary affection with respect to time and causation), using always the same accepted tent for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," "Exhaustion," "Heart failure," use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonneum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, by Committee on Chronic valvular heart disease etc. The Nomenclature "Haemorrhage," Always qualify all contributory

PLACE OF DEATH County C. A. Village or City Churcefoolis (No. 152 Co 2FUEL NAME Ellen Eliza	a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Funde While Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DAYE OF BIRTH 2/2 , 1842 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1950. to 1930. that I last saw h 4 alive on 1930.
7 AGE 87 yrs. 6 mos. 21 de. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	llegua Ectors
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) (State or country)	Contributory Clubrate Secondary Operation Contributory Co
10 NAME OF Berginan Hopkins	(Signed) Dury unus M.D. Ou 13 95 O(Address) au apoles au
OF FATHER (State or country) Conscipling 244. 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, M desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Multinorous	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) My Comma Shaldwin	Former or usual residence
(Address) any foli 244	ST CINIO CENT SATE OF BURIAL PATE OF
Filed Filed 19250 Jung G. C. Registrar	John U. Tayla Cennyshi
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, For persons who have no occupation (b) Stationary fireman, etc. Automobile factory. The Locomotive engineer, But in many material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway traindiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature

V. S. No. 1

N. B.

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	PLACE OF	DEATH		007077117
County Anne Arundel				ORIGINAL
/		near Lip	in's Co	rner
Vil	lage or City	0 aa o 0 a aa o 0 aa o 0 0 0 0 0 0 0 0 0	(No	-
	²FULL NA	ME	Franc	is J. Bea
	PERSONAL A	ND STATIST	ICAL PARTI	CULARS
3 5	SEX 4 CO	LOR OR RACE	MARRIED,	
m	ale w	hite	OR DIVORO	comarried
6 [DATE OF BIRTH			
	600000+04	Sept.		, 190I (Year)
7 /	GE	Q. TT		If LESS than I day hrs.
· (1	a) Trade, profession articular kind of w b) General nature o usiness, or establish which employed or (of industry		ectric Co
_	SIRTHPLACE (State or country)		sups, Mo	
	10 NAME OF	Alpho	nzo Beal	1
ARENTS	11 BIRTHPLACE OF FATHER (State or country	Md.		
PARE	12 MAIDEN NAME OF MOTHER	Alice	McMhon	
	OF MOTHER (State or Country	Md.		
14	THE ABOVE IS TRU	E TO THE BES	T OF MY KNO	WLEDGE
	(Informant)	Mrs.	Ida A.]	Beall
	(Address)	Dorsey	. Md.	

08874

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

7	St.:	Ward)	tion, give it	occurred in or institu- s NAME in- street and
MEDICAL O	PEDTIE	CATE	DE DEATH	
	SERTIFI	CATE	OF DEATH	
16 DATE OF DEATH	Augus	t 17		1930
			(Day)	
17 I HEREBY CER			ended the da	
thet I last sew hali	ve on			192
and thet death occurred o				
Accidental ent)	was as fo	lows:		
······		aaaaaaaaaaa, *******		
	(D			1
•				
Secondary				
	(Durati	on)	,yrsm	osds.
(Signed) . Q.	. U	3 60	6	M. D.
8-17 1930 (A				
*State the Disease Violent Causes, state Accidental, Suicidal or Ho				
18 LENGTH OF RESIDE		Hospit	als, Instituti	ons, Trans-
At place of deathyrsmos			yrs	mosds.
Where was disease contracted if not et place of deeth?	*	***********		
Former or usual residence	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
19 PLACE OF BURIAL OR	REMOVA	L	DATE OF	BURIAL
St. Mary's C	emete	ry	Aug. 2	0. 19.30
20 UNDERTAKER			ADDRESS	
J. F. Den	ny		715 Li	ght st.

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwork, er," etc., Without invie process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer anonged in the duties of the nature of the business or industry, and therefore an Civil engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "PUERPERAL septicaentia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association (Recommendations on statement of cause of peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease; nephrilis, etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prove the truther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR B	WRITE F JINLY, WITH UNFADING INK-THIS IS A P	N. BEvery item of information should be carefully supplied. ACE s CIANS should state CAUSE OF DEATH in plain terms so that in statement of OCCUPATION is very important. See instructions
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
1141 12	Registration Dist. No.
Village or City Materiany (No.	St.: Ward) (If death occurred in a hospital or institution, give ste NAME in stead of streets an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 20 - 1930 5 792 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 20 , 1930	June 20 1930. 10 June 20-195092
(Month) (Day) (Year)	that I last saw h as on J. 192
7 AGE Still land lday hrs. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Still hon
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsde
9 BIRTHPLACE (State or country) Many lamel,	Contributory Secondary (Duration) (Duration)
10 NAME OF Thomas 63 Con Beall	(Signed) M. D. Brandshim
S II BIRTHPLACE OF FATHER	State the Disease Causing Doubt or in deaths from
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Reva Blda Boyer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Many Land	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosde
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
7/ 10 10	Former or usual residence
11 11500 110	
(Informant) Home OScan Beall (Address) Paradena, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) January Sean Seall (Address) January July 1 Filemen 2/ 1970 Lay 6 C. Ly u. 7	Diney Grow Date of Burial Ouncy Grow Address Address Address Amount of State of Burial Address Address Amount of State of Burial Address Address

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Houseen at home, who are engaged in the dutics of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on OF yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salcsman. At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Wom-(b) Grocery,

EASE CAUSING DEATH (the primary affection with respects to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ". ('Inanition,'' "Marasmus,'' "Old Age,'' "Shock,'' "Uraemia,'' "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondar or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY (hronic valvular heart disease, The n ture of the injury, etc. The Always qualify all contributory

properly stated hould that O 80 terms pla Importa be car OD shoul E OF 0) AUSE 10N CA Informati state CCUP/ item of a

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)(Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IfLESS than and that death occurred on the date stated above, at ... 7 AGE The CAUSE OF DEATH * I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Address) II BIRTHPLACE OF FATHER the Disease Causing Death, or/in deaths from L Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death... In the OF MOTHER yrs......ds. (State or Country) Where was disease contracted, if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OF BURIAL OR REMOVAL DATE OF BURIAL

State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. If more branks are needed, address

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if cases, especially in industrial employments, it is necestion applies to cach and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on (b) Cotton mill; (a) Salcsman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perionaeum, etc., Corcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association. approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-Never report mere symptoms or terminal condi-Chronic valvulor heart diseose; etc. The Nomenclature Always qualify all contributory

PLACE OF DEATH County Anne Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23
Village or City Linthicum Reights 2FULL NAME Sophie Bein /m	St.: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH SONUACY 5 1930 (Youth) (Day) (Year)
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on 5 Jan 1927.
7 AGE 82 yrs. 3 mos 3 / ds. or min.?	and that death occured on the date stated above, at 9 m. The CAUSE OF DEATH * was as follows: CONDID-VASCULAY-Renal
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs de.
9 BIRTHPLACE Manden, Landwehr Hagan (State or country) 10 NAME OF FATHER 11 BIRTHPLACE COSSOLI, Han over- CState or country Cormany 12 MAIDEN NAME	(Signed) Albadl (Signed) (Signed) (Address) (A
12 MAIDEN NAME OF MOTHER Groling Guenther 13 BIRTHPLACE (455ell- Honover) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yis mos. ds. State yis mos. ds.
(Address) / in thicum Heights M.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL AUTE OF BURIAL 20 UNDERTAKER 19 20 UNDERTAKER
Filed 6 Jan 1930 Alba Julia Struff Registrar	Mararett Hyun 1422 fight



REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, houseworked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Dednature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); Lobar ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept MASE CAUSING DEATH (the primary affection with respec-Statement of Cause of Death-Name, first, the DIS-(the only definite syncnym is "Epidemic cerebro pneumonia. Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Vinanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. " [Inanition," "Marasmus, Ciu 2360, Weakness," etc., when a definite disease always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepses, betanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condietc. valvular heart The contributory disease;

data is essential and must be obtained before the certificate in permanently filed. If this certificate is looked over thoroughly and all questions ered in detail, it will prevent further correspondence.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital or institudon, give its NAME instead of street MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. MARRIED. WIDOWED (Day) (Month) OR DIVORCED (Write the word) I HEREBY, CERTIFY, That I attended the deceased from BINDING 6 DATE OF BIRTH On (Year) (Day) and that death occurred on the date stated above, a 7 AGE If LESS than FOR The CAUSE OF DEATH A was as follows: I day . X .. hrs. OCCUPATION ED (a) Trade, profession or particular kind of work RESERV (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE (State or country) (Durstion) J.....yrs. mos.. MARGIN 10 NAME OF FATHER 11 BIRTHPLACE State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. ARENT OF FATHER 0 AUT (State or country) 12 MAIDEN NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate lents, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs. mos. ds. State,yrs..... mos 0 (State or country T Where was disease contracted, shoui of if not at place of death?. Former or usual residence. Every its CIANS statements 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Registrar If wore blanks are needed, address State Registrar, 16 W. Spratoga St., Balto., Requesting V. S No.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been chauged to report specifically the occupations of persous enployed, as At echool or At home. Care should be taken definite valuey), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Forcman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; chould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; it gary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Civil engineer, Stationary fremen, etc. But Statement of Occupation-Precise statement of oc-6 yrs.). For many occupations a single word or term on or At without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation The material in many

Statement of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

head of "contributory." (Recommendations on statement of cause of death approved by Committee on quences diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MINANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart vulsions," "Debility" ("Congenital," "Senile," etc.), ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosts of lungs, mon (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (e. g., sepsis, tetanus) may be stated under the Example: Measles failure." "Haemor-The naterminal (disease (second-(merely not be

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PLACE OF DEATH

STATE OF MARYLAND

1	County Anne Arundel	CERTIFICATE OF DEATH Registration Dist. No. 2I	
Vill	age or City nr. Pasadena (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is. stead of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 S	ale negro Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH September 25, 1930 (Year)	
6 D	June 25, 1929 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from September 20.150 to September 20.930 that I last saw h imalive on September 20.1950.	
7 A	I yrs. 3 mos. ds. lf LESS than l day hrs. or min.?	and that death occurred on the date stated above, at	
bı bı w	orticular kind of work	Contributory Secondary (Duration) yrs. mos. 7 de Contributory Secondary (Duration) yrs. mos. de	
FATHER John B. Bell II BIRTHPLACE		(Signed)	
PARENT	(State or country) 12 MAIDEN NAME OF MOTHER Gladys Culson	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)	
	13 BIRTHPLACE OF MOTHER (State or Country) Md	At place of deathyrs	
14 7	(Informant) Gladys Culson (Address) Pasadena, Md.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Earleigh Heights, Md. 9-29., 1930	
15	Filed 9-25 1980 7.a. & Wit, w. f.	20 UNDERTAKER E. H. B. Parker Annapolis, M	

V. S. No.

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in mapy the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease, as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY etc. The contributory affection need not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

V. S. No. 1

	PLACE OF DEATH	
	County C - C -	
Vil	lage or City annapolis (No. 26	o Wai
	2FUE NAME Loseph	Beli
	PERSONAL AND STATISTICAL PARTICE	JLARS
3 5	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word	Widower
6 [DATE OF BIRTH UN Known	- 1
	(Month) (Day)	(Year)
	age Woul 95 yrs mos de	If LESS than I day hrs. or min.?
b	b) General nature of industry pusiness, or establishment in which employed or (employer)	
1	10 NAME OF FATHER UN KNOWN	····
ENTS	11 BIRTHPLACE OF FATHER (State or country)	
PARE	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE OF MOTHER (State or Country)	
14	(Informant) & HB Parker (Address) 47 Was hing for	EDGE S
	(Address) 7 / we ming	

063.76

STATE OF MARYLAND

	(9)-2) CERTIFICATE OF DEATH
	Registration Dist. No.
)	St.: Ward) (If death occurred in a hospital er institutien, give its NAME insteed ef street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 6 - 18 - , 1930 4-10 - (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the decessed from
	that I last sew h_Malive on 6 = 18 = 1930,
	and that death occurred en the date stated above, at
	Esteriorderosie
	(Duration) yrs. 2 mos. 10 de.
	Centributery Secendary
	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) 35 Calbuf St.
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hespitels, Institutions, Trensients er Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disease contracted, if not at place of dee.h?
	Fermer or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Brewerfull Cand & 23., 1930
	& fl. Braker 47 Wash - 8

If more bienks are needed, address State Registrar, 16 W. Saretega St., Balte., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Locomolive engineer, As examples: (a) But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart lauure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature " "Convulsions, disease;

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD R, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR MARGIN RESERVED WRITE

S No. 1

County A. A. C.	CERTIFICATE OF DEATH
County	(29) Registration Dist. No. 222
Village or City Dove (No. Be	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensle White Single, Warried Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 8 (Day) 1930 (Year)
6 DATE OF BIRTH Oct. 3rd, 1855	17 A HEREBY CERTIFY, That leattended the deceased from 22 1929 to 100 100
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw h 21 alive on 120 p
7 4 yrs. 3 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Replication.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Qc. Bruelity.
9 BIRTHPLACE (State or country)	Secondary (Duration) area 17 de
10 NAME OF Joshua Clements	(Signed) Trank Eshipley M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ? Bartlett	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h? Former or usual residence
(Address) Dursey, W.d.	Lorrane Centry, Balts, 1/10/30, 19
Filed an 9 1980 lolang M. Houslup	20 UNDERTAKER Will Cook, Balt. Wil.
If more blanks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more proven Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as Chronic valvular heart disease; nephrilis, etc. The contributory

PLACE OF DEATH	01287 STATE OF MARYLAND
County HMO STUNDO!	Registration Dist. No. 2
Village or City Brooklyn Sans/c 10	8 Tourth AV St.: Ward) (If death occurred a hospital or inst
FULL NAME BEHLOW BELLE	tion, give its NAME stend of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mile Single, Married Wildowed. Married OR DIVORCED (Write the word)	16 DATE OF DEATH 18 FEBRUARY 192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased f
(Month) (Day) (Year)	
7 AGE [If LESS tha	
88 yrs. 2 mos 28 de or min.	s. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) 1 rade, profession or	Insustraiency
particular kind of work Jean TO	
(b) General nature of industry business, or establishment in	360411
Which employed or (employer)	(Duration) yrs mos
9 BIRTHPLACE // State or country	Secondary Larry Muldan
1 10 NAME OF D	(Duration) yrs yrs 1008
FATHER Ham Polloff	(Signed) War Woodley
0 11 BIRTHPLACE	10 Oll 1920 (Address) withclim 64/3
OF FATHER (State or country) Commany	*St.te the Disrase Causing Death, Jordan About Violent Caus s, state (1) Means of Injury and (2) whethe Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos. ds. In the State yrs mos.
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(State or country) (STMAN) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos State yrs mos State yrs mos mos of Where was disease contracted,
(State or country) (Jermany	of death yrs mos ds. State yrs mos mos State yrs mos mos mos where was disease contracted, if not at place of death?
(State or country) (JOPMAN) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Ipt mant) OM F. Bolloff 108 Fourth Ave-	of death yrs mos ds. State yrs mos. Where was disease contracted, if not at place of death? Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

Laborer, sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Trail-Spinner, (b) Collon mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Physician, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nane. or given up on account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foremun, (b). Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Compositor, Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomolive engincer, The ques-Grogery,

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81 88 pt

stated unless important. Example: Measles (disease "Inanition," "Marasmus, inges, perilonoeum, etc., Carcinoma, Sarcoma,, etc., of and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved letanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., schen, carbolic acid -- probably suncide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by cough; Committee on Nomenclature "Heart failure," "Haemorrhage Chronic " Old Age, etc. valvular heart The " Shock, contributory diseuse, not be

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instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration L	Dist. No.	7
St.:	Ward)	a hospital	occurred in or institu- ts NAME is -

Annapolis Nd

stead of street and

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH	-1 , 19:30	
(Month)	(Day) (Year)	
that I last saw h walive on	tended the deceased from	
and that death occurred on the date state	d above, atm.	
The CAUSE OF DEATH * was as follows:		
Corsenous 4	towaste -	
(Duration) 2	yrs mosds.	
Contributory		
(Signed) M. D.		
*State the l'iscase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
At place In the oi death yrs	teds.	
Where was disease contracted, if not at place of dea.h?		
Former or usual residence	20000000000000000000000000000000000000	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
Fairmount Md.	June 3, 1930	
20UNDERTAKER	ADDRESS	
John M. Taylor	Annanolis Nd	

So. ත් Ď

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more preuse great wine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, .," "Deal-

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> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condicough; Chronic valvular heart disease; and consequences (e.g., sepsis, etc. The contributory

See instructions on back of certificate.

CAUSE OF Important.

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Next :
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1 PLACE OF DEATH

anna anudel

14584 STATE OF MARYLAND

J.	100	CERTIFICATE	OF	DEATH	
36				-a/2)	
1		Registration	Dist.	No. Hand	

Village or City Mear Story Run (N	10. Hanner	hud
-----------------------------------	------------	-----

.....St;......Ward)

[If death occurred in a hospital or Institution,

	* FULL NAME Basil Byron	Busses give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Marrieo, Widowed, Orbivorceo (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
6 [DATE OF BIRTH 12 20 , 1848 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Mov. 29 4 , 1980, to Dec 5 4 , 1980 that I last saw have allow on Dec 5 4 , 1980
80	Slyrs. II mos. 15 ds. ORmin.? OCCUPATION a) Trade, profession, or articular kind of work Retired Farences	and that death occurred on the date stated above, at 11.40 P m The CAUSE OF DEATH* was as follows: Arkerio Selevosio Chronia Suffer Shifiel Makhailio
bu WI	articular kind of work General nature of Industry, Siness, or establishment in hich employed (or employer) HRTHPLACE State or country) Maryland	(Duration) (O yrs. mos. ds. Contributory (Rescondary)
RENTS	11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME	(Signed) (Suration) yrs. mos. / ds (Signed) / Bessal , M. D. 125 , 1980 (Address) 2N. Hiller St Balk *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Structure of History and (3) whether Accide
PA	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) / At place In the of death
16	Interment) Jaco P Benson Mit Address 2. N. Hillon St Balto Mi	Former or usual residence 19 place of Burial or REMOVAL DATE OF BURIAL Family Centery 2

REGISTER John C Mitdell Sen Balto Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. 8 No. 11900 Eulas V

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[Approved by l. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can he known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication. as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to thime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childhirth or misearrlage, as "Puerpebal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples: For vio-

WRITE

B.ż

V. S. No.

incare.	Village or Citylen Gables (No. Mounta	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/ St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Dack of	Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH March 30, 1930 (Month) (Day) (Year)
is tractions of	7 AGE (Month) (Day) (Year) 7 AGE (BLESS than I day hrs. or min.)	that I last saw h March 20, 1930, that I last saw h March 29, 1930, and that death occurred on the date stated above, at 5 2 5 pm, The OAUSE OF DEATH * was as follows
	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Tarmes 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Information) 15 Filed 16 DOES have a model address the Registrar Registrar	(Durstion) 3 yrs mos ds. Contributory Secondary Durstion) yrs dos. (Signed) M. D. *State the Disease Causing Death, or in distance of Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OF REMOVAL ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AS Secretors St. Balto, Premusing V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Salesman, (b) Coal mine, etc. Wom-Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage by Committee on cough; Chronic etc. valvular heart Nomenclature of the The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

County	Anne	Arundel	
County	ALIMIC	THE WILL TO I	



14585 STATE OF MARYLAND CERTIFICATE OF DEATH

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	-4	-	-/	

Registration Dist. No.

Vil		Elvaton LL NAMENaT		St.: Ward	tion, give its NAME in- stead of street and
=	PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	sex female	4 color or RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED MARRIED (Write the word)	16 DATE OF DEATH December 10 (Month)	
6 1	DATE OF BIR			17 I HEREBY CERTIFY, That I att	, 192,
	AGE		If LESS than I day hrs. or min.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows: Cerebral thrombosis	above, at 11 p. m.
b v	b) General n usiness, or e	ad of work HOUSEN ature of industry establishment in red or (employer)	ork at home	Contributory Secondary (Duration)	
RENTS		Charles ACE HER Baltimo	Whittemore re, Md.	(Signed)	ana, Md.
PAR	12 MAIDEN OF MOTI 13 BIRTHP OF MOTI	HER Mary	Cromwell	Is LENGTH OF RESIDENCE (For Hospi ients or Recent Residents) At place In the of deathyrsmosds.	tals, Institutions, Trans-
15	THE ABOVE) Mrs. Thoma Elvato	s Benson n, Md. Za. Bleiz ~:	TO UNDERTAKER	DATE OF BURIAL 12-13 , 1930 ADDRESS
			Registrar	J. T Danny	Rattimore. M

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseployed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS— EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8. No. 1

HYSI-Exact

PLACE OF DEATH	STATE OF MARYLAND
County A.A.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Annapolis (No. Emergenc	Ward) St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 , 1950 (Month) (Day) (Year)
6 DATE OF BIRTH Oct. 29 , 1 8 (Month) (Day) (Yea	17 I HEREBY CERTIFY, That I attended the deceased from May 51h 1930 to Mue 7 1930 that I last saw h & alive on Mue 6 , 1930
7 AGE	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Medical Director (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Howard Co. Md.	Contributory Co
FATHER Alexander J. Berger	(Signed) Dhoe fure M. I. / Mue 7 / 1950 (Address) Cecurof the
OF FATHER (State or country) Baltimore, Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Ann Allport	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of MOTHER Penn. (State or Country)	At place of deathyrsds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted. Hockley, A.A.Co. Md. if not at place of deals? Former or usual residence. Hockley, A.A.Co.Md.
(Informant) J.A.Berger	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jessup Md.	Baltimore, Md. June 9, 1930
Filed Jun) 19250 fray 6 (- 50) Cy	John My, Lay low annapolis, Md

annapolis, l.d. If more branks fre needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARMA

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," worked on may form part of the second statement. Civil engineer, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, r,""Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Chronic and consequences (e.g., sepsis, etc. valvular heart disease; Nomenclature of the The contributory death

If this core take is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

N. B

PLACE OF DEATH County Christe County	STATE OF MARYLAND CERTIFICATE OF DEATH	
	Registration Dist. No.	
Village or City Mes Station (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street number.)	tltu-
2FULL NAME // arguer / frame		_
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OF DIVORCED (Write the word)	Secular (Month) 2 (Day) 1939 Year)
(Month) (Day) (Year)	that I last saw h Exalive on SEC 26 198	30
7 AGE If LESS than I day hrs. or min.	. The CAUSE OF DEATH * was as follows:	_m
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yay inos //	da
9 BIRTHPLACE (State or country) Charle and Co Manylan	Contributory Secondary (Duration) yes	ds
10 NAME OF FATHER JOSEPH. BEYENG. 11 BIRTHPLACE OF FATHER (State or country) 11 State or country)	(Signed)	A. D
(State or country) I auce 12 MAIDEN NAME OF MOTHER Mair Rorigner	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or Country) / Ew Olkaus . Il.	At place of deathyrsmosds. In the Stateyrsmos	,da
(Informant) The Best of MY KNOWLEDGE	if not at place of dea.h?	L
(Address) one of all.	It Mary's Cent Dec 27, 19	30
15 Filed Ore 27 19230 Joseph C. Jack	John M. Leylor Charger	a,

If more blanks are needed, addre. s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changes gaged in domestic service for wages, as Servant Look to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Cool mine, etc. Wom-6 Grocery; Tron.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

"Itelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) If this certificate is looked over thoroughly and all qu stions approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, causing death), 29 ds.; Bronehopneumonia (secondary), or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping eough; Chronic Chronic interstitial nephrilis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; nephrilis, etc. The contributory

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HYSI-Exact

	2FI	JLL NAME JOHN	T. BI	TKO		
		NAL AND STATIS			CULA	ARS
3 SE	x ale	White	WIE	RRIED, DOWED DIVORC ite the wo	ED	ngle
6 DA	TE OF BI	RTH				
		June (Mont		2 (Day)	7	1907 (Year)
7 AG	ε	22 0			1	LESS than
(a) par (b)	General	orofession or nd of work Soldi nature of industry	er, U	. s. <i>I</i>		
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(a) par (b) bus wh	Trade, priticular ki General siness, or ich emplo RTHPLAC (State or c TO NAME FATHEF II BIRTHP	or of site of	er, U An ania	. s. <i>I</i>		
STNERA Par (a) Par wh bus wh bus and and and and and and and and and and	Trade, priticular ki General siness, or ich emplo RTHPLAC (State or c TO NAME FATHEF II BIRTHP	or of the state of	er, U Am ania	. s. <i>I</i>		
(a) pair (b) bus wh	Trade, priticular kit General isiness, or ich emplote the priticular kit General in ich emplote the priticular in ich emplote the priticular in ich emplote the priticular ich employers in ich employ	or of the state of	Arnania	. s. <i>I</i>		

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.) Ward)

MEDICAL CERTIFICA	TE OF DE	EATH
16 DATE OF DEATH Merch	2	, 1930
(Month) 17 I HEREBY CERTIFY, That 12: 30 PM 150 1:30	I attended	the deceased from ch 2, 1930
that I last saw h im alive on Me.	rch 2,	1930, 1924,
and that death occurred on the date of the CAUSE OF DEATH * was as followed accident -	ws:	
(Duration)	1 h	our.
Contributory Pulmonary h	emorrha	geour
(Signed) F. STROME, N March 2 1930 (Address) Ft.		
*State the listase Causing l Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	eath, or, of Injury	in deaths from and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)		
At place 1 yrs 0 mos 0 ds.	In the State 1	yrs. O. mos. O.ds.
Where was disease contracted crident if not at place of dea ha. Accident Former or	occurr	ed at place
usual residence Ft. George G.		
St. Mary's at New Kensi Penna.	ngton.	reh 6 , 1930
20 UNDERTAKER		RESS
E. N. FISHER	Lau	rel, Md.
16 W. Saratoga St., Balto., Requestin		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farther or Plonter, Paysician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Paysician, Compositor, Architect, etc., report specifically the occupations of persons en-Foremon, (b) Automobile fuctory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. without more precise specification as Doy Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhioid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Broachopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. "(Ethaustion," "Heart failure, maeinormage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tunnor" for malignant neoplasms); Mcosles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, as fracture of skull, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases causing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY death), 29 ds.; Bronchopncumonia (secondary), resulting from childbirth or miscarriage as Chronic and consequences (e.g., sepsis, affection need not be etc. The contributory volvular heart Nomenclature of the Always qualify all disease; etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

PLACE OF DEATH County Q . Q	© 0094 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 7
Village or City asmaforlin No. 20 Va	St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and
2FUEL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 1923 d
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 2/ 1930	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than 1 day hrs.	and that death occurred on the date stated above, at
yrsds. ormin.?	Premature, Berth
8 OCCUPATION (a) Trade, profession or particular kind of work	no pysica
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yre,mos,de,
9 BIRTHPLACE (State or country) annapolis m	Contributory Secondary (Duration) yrs
10 NAME OF Edward Blocksky	(Signed) For Garage M. D.
OF FATHER (State or country) American one)	*State the Disease Causing Death, or in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Release Gordon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) leharleston S. C.	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Edward Black stone	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) annapoles on	Brewer Hill Jan 27. 1830
15 Filed to 27 19230 frag 6 6. Frag 24	30 UNDERTAKER ADDRESS AMOPORO
If more bianks are needed, address State Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, whatever, write None. household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e.g., Farmer or Planter, Farm laborer, Laborer-Coal minc, etc. Womyrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perutonaeum, etc., FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; Chronic Carcinoma, Sarcoma, etc. The contributory valvular heart affection need not disease; etc., or

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B		, PHYSI-	ed. Exact
	CORD	ACE should be stated EXACTLY, PHYSI-	that it may be properly classified.
O		be stated	se proper
OR BINDING	PERMANENT	should	It may k
N.	A	ACE	ina.

- /	E OF DEATH		10079		MARYLAND E OF DEATH Dist. No. 2/
	ull NAME William	No. 291 Fift	h St.	St:Ward	(If death occurred in a hospital or institution, give its NAME in stend of street an number.)
PERSO	ONAL AND STATISTICAL	PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX Male	White	NGLE, ARRIED, Single DOWED, Single Tite the word)	16 DATE OF DEATH	SY	23 , 1923 D
6 DATE OF B		(Day), 1930 (Year)	that I hat saw heir	CERTIFY, That I at	tended the deceased from 19237 17 2 3 , 19237 17 2 3 , 1925 1
7 AGE	yrs. 4 mos.	If LESS than I day hrs. or min.?		TH * was p follower	d above, at
business, or which emplo	nature of industry establishment in oyed or (employer) Expountry) Eastport A.	A.Co. Md	Contributory	***************************************	
10 NAME FATHE	OF		(Signed)	(Duration)	yrs mos ds
OF FAT (State 12 MAIDE	or country) Maryland			O (Address) iscase Causing Death ate (1) Means of 1 or Homicidal.	, or in deaths from njury and (2) Whether
OF MO	THER Maude E. H	adday	18 LENGTH OF RE	SIDENCE (For Hosp	itals, Institutions, Trans
OF MO		i	At place of deathyrsn		eteds
(Informati	Alfred K. I		Where was disease cont if not et place of dead Former or usual residence	racted,	
- /	dress) Eastport		Bozman Md		Sept 24, 130
15 Filed	N23 1923 0 5-1	0	John M. Ta	,	Address Annapolis Md
	If more bianks are needs	d. addres State Registrar	. 16 W. Saratoga St.,	Balto., Requesting V.	S. No. 1.

V. S. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupationtired 6 yrs). laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer freetc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Precise statement of oc-(b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DISLE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease;

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	PLACE OF DEATH County	6095 STATE OF MARYLAND CERTIFICATE OF DEATH
	(8) (D)	Registration Dist. No.
	Village or City WWW VILL (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME itstead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Manned OR DIVORCED (Write the word)	16 DATE OF DEATH Aur. 3 0 7. , 198 0 (Month) (Day) (Year)
	Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19 1 19 1 to 7 1 19 0. that I last saw h imalive on 2 9 19 1,
	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
1	B OCCUPATION (a) Trade, profession or particular kind of work	
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
	9 BIRTHPLACE (State or country) Control to Hid	Contributory Secondary (Duration) yrs mos ds,
	10 NAME OF FATHER AMENOUN	(Signed) (Signed) M. D.
ш	of Father (State or country) (In Right)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Impury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Lithrow hase	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (Aloret Med.	At place of death
1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Address) QNENSVILL2 P. O.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Adam hafiel (2) 21 21, 1990
	Filed 2 19230 95 7 C. To and Registrar	26 UN DERTAKER Parker & Son 47 Washington
	If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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"Enaustion," "Heart Imme, Old Age," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus, Que 285, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) ... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU., Y Chronic valvular heart disease etc. The contributory

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PLACE OF DEATH County Quine Quence	08875 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Curyfles (No. M. Vancock	Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH /9 , 1920 (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I extended the deceased from Light 19, 1927 0 that I last saw h Linglive on Linguist 19, 1927
7 AGE IFLESS than	and that death occurred on the date stated above, at 2 13 Pm.
6 Byrs. 1 mos. 25 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Regulatery Pelmone Deline & Contributory Valvelas Jear Dise
9 BIRTHPLACE (State or country) North Cawling	+ Chrone Weller taren mehron mos do.
10 NAME OF Edgar Blake	(Signed) Walton) 4 stoff M. D. M. D
OF FATHER (State or country) North Carolena	*State the Diseaso Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Hancock	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents),
13 BIRTHPLACE OF MOTHER (State or Country) OTTLe Carpling	At place of death yrs. mos. ds. In the 3 yrs. mos. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Dan't Knaw
(Informant) Pauline Lell	Former or usual residence New York Cuts
(Address) New Weston New York Cety	NFICH INGGON DE PLACE 21. 1930
15 File Crug 19 19230 frage C. Joyce 760	20 UNDERTAKER ADDRESS WASH TO
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physicism, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cool., to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed · Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material 6 The ques-Grocery;

Strtement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted (arm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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15

(State or Country)

Filed Aug 9

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James P. Blakeney (Son)

(Address) Ft. George G. Meade, Md.

0 0

Z

08876

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or Institution, give its NAME is stead of street and number.)

	MEDICAL CERTIFICATE OF DEATH				
	16 DATE OF DEATH August 9	, 19 30			
_	(Month)	(Day) (Year)			
	17 I HEREBY CERTIFY, That I att				
	August 2 1930 to Augu	st 9 , ₁₉ 30			
	that I last saw h im alive on Augus	t 9 , 1923O,			
n	and that death occurred on the date stated	above. at 10: 30 A m.			
3.	The CAUSE OF DEATH * was as follows: Arteriosclerosis, diffuse				
	Contributory Corebral emboli Secondary	nom de. de.			
_ [(Duration)				
-	(Signed) F. P. Strome, Major, Aug. 9 1930 (Address) Ft. Geo	M.C. USA. M.D.			
-	*State the lisase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, In deaths from jury and (2) Whether			
-	18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents)	tals, Institutions, Trans-			
	At place of deathyrsmosds, Stat	eyrsmosds.			
	Where was disease contracted, if not at place of dea h?				
	Former or usual residence	***************************************			
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL			
	Cleburne, Texas	Aug 12 , 19 30			
	20 UNDERTAKER	ADDRESS			
1	E. N. Fisher	Laurel, Md.			

If more b.anks are needed, address thato Kegistrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

No ත්

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dcaladditional line is provided for the latter statement; it nature of the business or industry, and therefore an tle first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of ," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "E:haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as Chronic valvular heart disease; affection Nomenclature of the need not be Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

11 --Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD WITH UNFADING INK---THIS IS A PERMANENT WRITE 22

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH	01288 STATE OF MARYLAND
County Amnatoruno a	CERTIFICATE OF DEATH
Village or City Palapses Parks. Tun 2 FULL NAME Dillie Ganery	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH, (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
Dec 15, 1887	that I last saw halive on, 102
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, et
// yrs. mos. 9 ds. or min, ?	The CAUSE OF DEATH We was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	Orobally molignant. no further infor- motions cull of (Duration) yes 3 mos do.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF, FATHER (State of country) 2 MAIDEN NAME 12 MAIDEN NAME	Contributory Secondary (Signed) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jeans of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs mos. da. State, yrs mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piace of death?
(Informant) Waller Day A Cooking of Filed 9/8 19238 Ann Deurg gr	19 PLACE OF RUBAL OR BOMOVAL BATE OF BURIAL Mt. Cohery Act. 8., 1920. 20 UNDERTAKED ADDRESS Mrs. N. G. Ellied Cashlanders
If more blanks are needed address State Registrer	16 W Saratoga St Bolto Requesting V. S No. 1.

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

ployed, as At echool or At home. Care should be taken bur it is that fact may be indicated thus: Farmer (restate occupation at beginning of illness If retired from or given up on account of the bisease causing bearn. Hous, maid, etc. If the occupation has been changed garred in domestic service for wages, as Servent, Cook to report specifically the occupations of persons endefinite salary). may be entered as Housewije, House household only (not paid Housekeepers who receive a Wha over, write None. en at home. Who are engaged in the duties of the laborer, Farm laborer, Laborer-Ccal mine, etc. Womworked on may form part of the second statement. should be used only when needed. As examples: (a) ad litional line is provided for the latter statement; it nature of the business or industry, and therefore an case. pecially in industrial employments, it is neces-Never return "Laborer," "Foreman." "Manager." "Dealsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupa ion is very important, so that the relative health pinner. (b) Catton mill; (a) Salesman, (b) Grocery; fulness of various pursuits can be known. The ques--Statement of Occupation-Precise statement of oc Foreman, (b) Automobile factory. etc. without more precise specification as Day 6 yrs.). engineer, Stationary fremen, etc. For many occupations a single word or term on 14. 10 Home, For persons who have no occupation and children, not gainfully em-The material But in many

Existenent of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carobrospinal fever (the only definite synonym is "Epidemic cert-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Noncentlature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) m.y be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naus probably such, if impossible to determine definitely. "Unaemia, " eth" alw 7s quality all symptomatic), "Atrophy." "Collap.e," "Cor.s." vulsions." "Debility" ("Congenital," "Senile," conditions, such as "Asthenia." ary). 10 ds. Never report men symptoms or terminal train-accident: Revolver wound of head-Examples: and qualify as ACCIDENTAL, STICIDAL, OF HOMICIDAL, OF "Puerrenal septicaemia," "Puerrenal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Harasmus," "Old A e," "Shock," "Dropsy," "Exhaustion." causing death), 29 ds.; Browleto, cumonia stated unless important. State cause for which surgical operation was under-"Uraemia, " akn unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping of "Tumor" for malignant neoplasms); FOR VIGLENT DEATHS STATE MEAN OF INJURY "contributory." interstitial nephritis, etc. The contributory cough; Chronic valvular heart Accidental drowning; Struck by railway (Recommendations on state-Example: Measles "Inacria" e dis ase "Sanile," etc.), -homicide; "Haemor-Measles; (disease (second-(merely not be etc.

If this certilicate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X		SI- act
		N. BEvery item or information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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V. S. No.

1PLACE OF DEATH	05179 STATE OF MARYLAND
County A. A.	CERTIFICATE OF DEATH
MA	Registration Dist. No.
Village or City Annapolis, (No. NAval Ho	tion, give its NAME is stend of street an
2FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 13 , 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May I4 , 1888 (Month) (Day) (Year)	1920 to Way 13 , 1920 that I last saw hand alive on Way 13 , 1923
7 AGE 42 yra. // mos. 2 9 ds. or min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or Watchman	presided 13 storalletes cross
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos3 _da
9 BIRTHPLACE (State or country) Mich.	Contributory Secondary (Duration) yrs mos de
10 NAME OF Levy. Blay.	(Signed) M. D. M. D.
of Father (State or country) Mich.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lucy. Vanatheo,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mich	At place of death yrs mos ds. State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Lillian. Blay	Former or usual residence Usual alia Wandard.
Annapolis, Md.	Cedar Bluff, Cemetery May 17 1939
15 Filed May 15 1923 of Frag 6 e. frag Registrar	B. L. Hopping, Annapolis, Md.
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Without was re---Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid (Recommendations) on statement of cause of death approved by Committee of Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always quality all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-American Med Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough ; cal association of Chronic etc. The contributory affection need valvular heart disease . not be etc., of

If this certific te is looked over the roughly and a'l questions answered in detai, it will prevent further correspondence. All the data is essential a must be obtained before the certificate is permanently filed



PLACE OF DEATH	STATE OF MARYLAND
County Umne andel.	08874 CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Seven (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
FULL NAME OCATION	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. White Single, MARRIED. Manuel, Widoword OR DIVORCED (Write the word)	(Month) 30 (Day) 1930 Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that last saw hearalise on Control 1930.
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated bove, at
yrs. mos. de. or min.?	10/ 1 / / / / / / / / / / / / / / / / /
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Just mos da,
9 BIRTHPLACE (State or country) Mauyland	Contributory Catalant Remarkage Secondary (Duration) yie mos de.
10 NAME OF FATHER WINDOWS	(Signed) John J. M. D. (Address) Law Burn Z
OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Merry 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the
OF MOTHER (State or Country). MATHER ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
$\mathcal{O}_{\mathcal{O}}$	Former or usual residence.
(Informant) Pour Bussey (Address) Sween Engl	Themphilamoly of 1936.
15 File Aug 30 1236 James Klavelu Register	20 UNDERTAKER Same Mod
If more b.anks are needed, addre.s Ltate Kegistra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, .,, etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITH

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County a.a.	CERTIFICATE OF DEATH
County	Registration Dist. No. 2/
1 1 1	TOV
Village or City Grun Jrs (No. 6	Jui valu a hospital or institu-
Da K. hl.	tion, give its NAME in- stead of street and number.)
2FULL NAME VELLY	number /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH 9 1/ , 19230
WIDOWED. WILLYWEST	
timely while (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the deceased from
TOTAL OF BIRTH	Oct 19233, to 19239
	0-110 25
(Month) (Day) (Year)	that I last saw hall alive on 1922,
7 AGE If LESS than	and that death occurred on the dats stated above, atm. The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Carcuna 9 Threach
R OCCUPATION	
(a) Trade, profession or	
(b) General nature of industry	
Business, or establishment in	(Durstion)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Durstion) (Durstion) yrs
10 NAME OF	I m/c torsa un
FATHER MANY WAT	(Signed) M. D.
M II BIRTHPLACE	192 (Address)
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C (State or country) 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place of death yrs mos. ds. In the State yrs mos ds.
OF MOTHER (State or Country)	Wil Research contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
In the Bluss (Don)	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 6 Flight Sati	120 th. m. 11-13-, 1900
15 mr. 12- m Inche & A	O UNDERTAKER ADDRESS
Filed 19230 Y Registrar	Those Lewis 14319 Walts Pt
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
at more plante of the plante	

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISJEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pheumonia");

Itelanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "(Taemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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PLACE OF DEATH	01289 STATE OF MARYLAND
County Unne Mundel	CERTIFICATE OF DEATH
D	Registration Dist. No. 26
Village or City CMCMCM (No.	St.: Ward) (If death occurred I
2 FULL NAME Howard B	fion, give its NAME is stead of street an number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Feb JA , 1930
6 DATE OF BIRTH 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Fit 18 , 1923 to Fit 19 , 1923 that I last saw has alive on Fit 19 , 192 , 192
7 AGE If LESS than I day hrs. O yrs. O mos A ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Umbilical Hemmormage
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmos\footnote{\mathcal{J}}de
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF PATHER PROPRIE BRUNK	(Signed) — Set J. M. I. He 21 192 (Address)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homlcidal.
of MOTHER Ougra Middle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mehre Blunt	Former or usual residence
(Address) Phuschlis	Danklin Climeline Tet 21 , 1981
15 Filed tet 21 1980 Ges TDent Registrar	20 UNDERTAKER ADDRESS T. A. Hardesty Gallsville
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Wombusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Anna Urundel	CERTIFICATE OF DEATH
/	00 11-	Registration Dist. No.
	Village or City Chullung (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Januette Ble	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Tem Color OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1830, to Man 29, 19230, that I last saw ha alive on Man 2, 19230.
	7 AGE If LESS than I day hrs. or min.?	
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Bronshitis (Durstion) yrs. mos 16 ds.
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER Achie Blunch 11 BIRTHPLACE	Contributory Secondary (Duration) 4 yrs mos ds. (Signed)
	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country) Md 12 MAIDEN NAME OF MOTHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
	(Address) Churchin	Where was disease contracted, if not at place of death? Former or usual residence
	Filed May 30 1980 Les Telentho Registrar	Janken Cemeley Ml. 30, 1930. 30, UN DERTAKER Schwille Schwille
	If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Wombusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. valvular The contributory heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

/	1	PHYSI-
,	CORD	EXACTLY,
ED FOR BINDING	HIS IS A PERMANENT CORD	niled. ACE should be stated EXACTLY, PHYSI-ms so that it may be properly classified. Exact
FOR	IS A	ACE so tha
Q	HIS	pelled ms 8

4	
PLACE OF	DEATH
ounty	Arundel
~	

02520

STATE OF MARYLAND CERTIFICATE OF DEATH

124)	Registration Dist. No. 27			
***************************************	St.:	Ward)	tion, give i	occurred in or institu- ts NAME in

and stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH March, 1, 1930 , 192
(Month) (Day) (Year)
March, 22 192 6. to March 1, 1970192
and that death occurred on the date stated above, at 3PM
The CAUSE OF DEATH * was as follows:
Myocardial insufficiency due to chronic interstitial
nephritis ·
(Duration) yrs. 6 mosds
(Signed)
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place 3 11 mos. 21 ds. In the 55 State yrs. mos. ds
Where was disease contracted, if not at place of dea.h?
Former or usual residence Montgomery Co, Maryland.
Paris Caul Date of Burial Wareh 4, 19.8
URSlay Washer to Washer to

Village or City Crownsville S(No.e Hospital 2FULL NAME George Washington PERSONAL AND STATISTICAL PARTICULARS SINGLE, Single 3 SEX 4 COLOR OR RACE WIDOWED.
OR DIVORCED
(Write the word) Male Colored 6 DATE OF BIRTH Unknown (Month) (Day) (Y **IIFLESS** 7 AGE I day B OCCUPATION Laborer (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Laryland 10 NAME OF William Bond FATHER 11 BIRTHPLACE Laryland PARENTS OF FATHER (State or country) 12 MAIDEN NAME Maude Johnson OF MOTHER 13 BIRTHPLACE Maryland OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records (Informant) (Address) Crownsville.

Registra

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

7. 8. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, should be used only when necded. As examples: (a) nature of the business or industry, and therefore an sary to cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womknow (a) the kind of work and also (b) the without more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1 >

PLACE OF DEATH	14208 STATE OF MARYLAND	
County Co.	CERTIFICATE OF DEATH	
00.00	Registration Dist. No.	
Village or City (name) Village . Bye	Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stend of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemolo Color or RACE SINGLE, MARRIED, Morried Color of Divorced (Write the word)	16 DATE OF DEATH (/~ / 3 0 - 30 , 192 : 19	
DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from	
Nec. 19 1903	11-29-30 192 to 11-30 1923	
(Month) (Day) (Year)	that I last saw hore alive on	
7 AGE If LESS than		
20 yrs. 10 mos. 11 day hrs.	The CAUSE OF DEATH * was as follows:	
B OCCUPATION		
(a) Trade, profession or particular kind of work	MI Contains Consession	
(b) General nature of industry	Mary revenue	
business, or establishment in which employed or (employer)	(Duration)yremosde.	
9 BIRTHPLACE	Contributory	
(State or country)	Secondary (Durstion) vis	
10 NAME OF	tot Malaney	
FATHER YULL (alalouses.	(Signed) M. D.	
II BIRTHPLACE OF FATHER	193.0 (Address) 3.3 (Address)	
Z (State or country)	*State the lise-see Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Collins Trans	13 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-	
13 BIRTHPLACE OF MOTHER	At place In the	
(State or Country) W. W. W.	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?	
(Informant) (Ilio Docks	usual residence	
(Address) 93 clay Steet.	19 PLACE OF BURIAL OR REMOVAL	
15 Filed Pre, 2 1930 Jung 4 C. Jung Will	CO UNIOERTAKER JECKS & ADDRESS OF THE STATE	
If more b.anks are needed, addre s tate Negistrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.		

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(Approved by U. S. Census and American Fublic Health Association.)

laborer, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING/DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal mine, etc. Wom-But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) Whooping accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis af lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as cough; Chronic affection need valvular heart Nomenclature disease; not be

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BUREAU

No. 1

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HYSI-Exact

PLACE OF DEATH	02521 STATE OF MARYLAND
County Unitellimedal.	CERTIFICATE OF DEATH
Count	(29) Registration Dist. No. 2
Village or City Jasadena (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
91.1.2	
2FULL NAME Stephen Feury	Boon & number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED MARRIE	16 DATE OF DEATH AND 155 249 31
Male Colinal OR DIVORCED	/// aca :// 1920
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1896	192 to 192
(Month) (Day) (Year)	that I last saw h fundive on fle arch 10, 1950,
7 AGE [If LESS than	and that death occurred on the date stated above, at
1 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. host ds. or min.?	Mys car de te-
B OCCUPATION (a) Trade, profession or	Mys caracte
Particular kind of work	Charact & Cophille
(b) General nature of industry business, or establishment in	Deratton) Jrs. 13 1008 de,
Which employed or (employer)	Perelanthe employed
9 BIRTHPLACE (Ntate or country)	Contributory Secondary
(State of country) md	(Duration) yis mosds.
10 NAME OF FATHER OF 12	(Signed) Signed M.D.
mas 10 me	3/5/1/2, 192. (Address) / Law Berry
O II BIRTHPLACE OF FATHER	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER WAS A SALE WOLLD	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs mos. ds. State yrs mos ds.
(State or Country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Beryn Boone	usual residence
(1)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Pasadua, hil	magnety Mich 2419
15 1 3/5", with & Houser	20 UNDERTAKER
Filed Of 22	John J. Tradem ushel st
If more blanks are needed, addre. s Ltate Kegistra	W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the who have no occupation -Coal mine, etc. Wom-6

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever [never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HONICIDAL, taken. For VIOLENT DEATHS State NIEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical approved (Recommendations Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condig cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory by Committee 3 atchent of cause of death on omenclature of the Measles;

If this certificate is looked ever throughly and all qu stions answered in retail a will prevent further correspondence. All the data is executal and mer be obtained before the certificate is permancully filed.

(If death occurred in

a hospital or institution, give its NAME is -stend of street and

DATE OF BURIAL

ADDRESS

number.)

(Approved by U. S. Census and American Fublic Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The materia Locomotive engineer, Grocery;

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphiheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsia, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINCY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. S. No. 1

PLACE OF DEATH	08878 STATE OF MARYLAND
County C	CERTIFICATE OF DEATH
(A) 11	(70) Registration Dist. No.
Village or City Chuolds (No	St.: Ward) (If death occurred learned from the street and of street and other street.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wildowed. Male White Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (10 /0 , 1930 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY That I attended the deceased from 192 to 192 that I last saw h alive on 192
7 AGE 29 yrs. 3 mos. 20 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Jun Shot wound in siglon of Heart (Inquest later) as to cause (Durstion) yrs. mos. do
9 BIRTHPLACE (State or country) Q. Q. Co ryd.	Contributory Unalanawa Secondary (Durstion) vrs. mos. de
10 NAME OF Y FATHER FUELLING H, Borneman 11 BIRTHPLACE OF FATHER (State or country) L L L L L L L L L L L L L	(Signed) Numbaudeson J. P. Deling to Corones M. D. 192 (Addreas) User for the Market State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Carline Delzel	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Heery land	At place of deathyrsmos,ds, Stateyrsds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual readence.
(Address) Unolds q. q Co. M.d.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AT Margarets 49 6 mg ay 12, 1936
15 Filedery 11 19230 fray 6 C. fra Co Megistras	John W. Laylu Chunfoli
If more blanks are needed, address State Registrar	, 46 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH County Clinical	STATE OF MARYLAND CERTIFICATE OF DEATH
m'10. 11	(5) Registration Dist. No. 24
Village or City Mellersville (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, MARRIED, Surgle WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MICE 30 . , 1936
6 DATE OF BIRTH Oug 9, 1929 (Month) (Day) (Year)	that I last saw her alive on
7 AGE If LESS than day hrs. day hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 1 Jan Brockets	Contributory Defections and Manager ds. Contributory Defections and Manager ds. (Duration) yrs. 2 mos. ds. (Signed) A Manager M. D.
11 SIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY & Putte	*State the listase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH, OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place In the State yrs death yrs description of death yrs description description of death yrs description description of death description des
(Informant) (Address). John. Boscher	Former or usual residence
Filed 7/2 1930 Officer	R. J. Williams Son Walesbridg
lf more banks are needed, addre & Lato Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseloborer, Form laborer, Luborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Paysician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Doy Stationary firemon, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERFERAL peritonitis, "(Exhaustion," "Heart lanue,
"(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, tctanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is loss definite; avoid as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death (secondary or intercurrent) Never report mere symptoms or terminal condicough; Chronic valvular heart Example: Measles (disease affection etc. The contributory need not be discose; etc., of

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PLACE OF DEATH	U1010
PLACE OF BEATH	STATE OF MARYLAND
County (1) CV	CERTIFICATE OF DEATH
/	Registration Dist. No. 2
Village or City (No. 6 13)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
DESCRIPTION DESCRIPTION AND STATISTICAL PROTECTION AND STATISTICAL PROTECTI	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SSINGLE. MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 28 - 30, 192 (Year) (Year)
6 DATE OF BIRTH Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from (2-25-30, 192, to 7-30, 192, 192, 192, 192, 192, 192, 192, 192
7 AGE [IFLESS than	and that death occurred on the date stated above, at 10,50 Am.
// 1 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
(a) Trade, profession or particular kind of work	Chile Theuman Terr
(b) General nature of industry business, or establishment in	10.
which employed or (employer)	(Duration) wrs. mos. de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER	(Signed) (Durstion) yrs mos 4 ds.
WEIGHTHE CLIPTINE 1000 (M.	7- 9- 193 O(Address) & Jalnutt
OF FATHER Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER VOLUME	IS LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
We bat	Former or usual residence
(Informant) 154-19th	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
2 Widdress) Washing In. N. C.	tope Chapel. July 10. 1930
15 Filed 10 19230 fray 6 C. Registra	20 UNDERTAKER 34 Prollest of
	o, 16 W. Saratoga St., Bulto., Requesting V. S. Ivo. 1.
if more blanks are needed, address that hegistrat	y at the managed well marroll indianousling is at the ex-

12 to 10 10 10

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return". Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the princry affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "eontributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway traintaken. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Nomenclature of the not be disease;

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V. S. No. 1

PLACE OF DEATH	03897 STATE OF MARYLAND
County 71111 V 11111	CERTIFICATE OF DEATH
M. n.m.	Registration Dist. No.
Village or City Alleworth (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Afell- 1	buth Boson steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWEST OR DIVORCED (Write the word)	16 DATE OF DEATH (Morth) (Day) (Year)
(Month) (Day) Year)	that I last saw h alive on 192, 192
7 AGE If LESS than	and that death occurred on the date stated above, at 4
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. da. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	Itell berth
(b) General nature of industry business, or establishment in	0.
which employed or (employer)	(Duration) yrs. mas. de.
9 BIRTHPLACE (State or country) Mary land	Contributory Secondary Secondary Management Contributory Secondary Secondary Management Contributory Secondary Management Contributory Secondary Secondary Management Contributory Secondary Management Contributory Secondary Secondary Management Contributory Secondary Secondary Secondary Management Contributory Secondary Secon
10 NAME OF RATHER WOLK KNOWN	Gened) Thu / Volaffy, M.D.
of FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meaas of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Marie Boston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Eliza Preculear	Former or usual residence
(Address) Sambuls bud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4/3, 1952
Filed 4/2, 30 Bly force Registrar	20 ANDERTAKER greatest. Lambrilles
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househou shold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspital fever (the only definite synonym is "Epidemic cerebraspital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) Chronic affection need not be etc. The contributory valvular heart disease;

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>		PHYSI-
	CORD	upplied. ACE should be stated EXACTLY, PHYSI-terms so that it may be properly classified. Exact
ÜZ	NENT	be stated be proper
RVED FOR BINDING	THIS IS A PERMANENT	should t it may
FOR	IS A	. ACE
SVED	-THIS	upplied

PLACE OF DEATH County Q . Q .	05180 STATE OF MARYLAND CERTIFICATE OF DEATH
	(29) Registration Dist. No. 24
Village or City Pulland (No.	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Elizabeth Blan	d Fulton Bosusel tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 11 Th 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Howary 8, 1852 (Month) (Day) (Year)	2. 1 1075 3
7 AGE If LESS th	
77 yrs. 3 moa. 3 ds. or min	
B OCCUPATION (a) Trade, profession or of lione	Mr. Coma
(b) General nature of industry business, or establishment in	2 mules
which employed or (employer)	Contributory Many Late Libert
9 BIRTHPLACE (State or country)	Secondary (Duration) 2 yrs — mos. — ds
10 NAME OF FATHER N. A. D. A. T. A.	(Signed) Think thouse M. D.
11 BIRTHPI CE	May 41 1980 (Address) Da a Socrable M
OF FATHER (State or country) Verquia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia Jacob	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE (OF MOTHER (State or Country) Massaclased	At place of deathrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Clara Bell Palmer	Former or usual residence.
(Address) 139 Charles St - anna	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 3, 1930
Filed May 12 1900 In Sucher Selents	20 UNDERTAKER J. Cear Davidsonuil

(Approved by U. S. Census and American Public Health Association.)

work, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home: Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—con mine, etc. woun-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Stotionary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcomo, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaomia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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STATE OF MARYLAND

SI- act	1PLACE OF DEATH	STATE OF MARYLAND
EX	County a C	CERTIFICATE OF DEATH
Y, Fied.		Registration Dist. No. 27
Classif cate.	Village or City Cermapses (No. 104 M	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
d E	² FULL NAME	number.)
rop	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be si	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Roser)
shoul it it me	Stug 30 , 1880	17 I HEREBY CERTIFY, That pattended the deceased from
thation	(Month) (Day) (Year)	that I last saw have alive on the same from 1920,
lied. ACE ms so than nstruction	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 10. 20/m. The CAUSE OF DEATH * was as follows: (AMinimum of function)
supp in ter	8 OCCUPATION (a) Trade, profession or particular kind of work	
carefully FH in pla portant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 3 mos. ds.
bo ca EATH Impo	9 BIRTHPLACE (State or country) Ballo m	Contributory pecondary (Duration) yrs
CF D s very	10 NAME OF FATHER Henry Meyers	(Signed) (Mest Turple M. D.
AUSE ION I	OF FATHER (State or country) Boles mo	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ormat ore C	of MOTHER 9000 Englebright	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f Infe	OF MOTHER (State or Country) Balls m	At place of death
shou ent of	(Informant) Pregena Phiffs	if not at place of dea.h?
IANS atem	(Address) annapolis on	Holy Redeemer Jane 5, 1930
O to	10 10 10 00	20 UNDERTAKER ADDRESS

The C

1923

At place of deathyramosda.	In the State		
Where was disease contracted,			

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1

PERMANENT BINDING K FOR WITH UNFADING INK--THIS MARGIN RESERVED

15

Filed.

S. No.

WRITE

1.8

(Approved by U. S. Census and American Public Health Association.)

"ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The 6) material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee Chronicon etc. The contributory valvular Nomenclature Always qualify all heart disease;

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JUN 2 1930

PLACE	OF	D	EATH	
County	Ann	е	Arunde	1



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Crownsyille Stre Hospital

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

²FULL NAME

Lucy Botts

PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED. Single WIDOWED, OR DIVORCED Female black (Write the word)

6 DATE OF BIRTH

7 AGE

Village or City

unknown 876 (Month) (Day) (Year)

If LESS than I day hrs. ds. or min.?

B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in

which employed or (employer).

9 BIRTHPLACE (State or country)

West Virginia

10 NAME OF FATHER

Benjamin Betts

11 BIRTHPLACE OF FATHER (State or country)

West Virginia Eliza Johnson

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

West Virginia

OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Hospital Records

Grownsville Maryland

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH

November 23rd (Month) (Day)

HEREBY CERTIFY, That I attended the deceased from April November 23,92 30

that I last saw her alive on November 23 and that death occurred on the date stated above, at

The CAUSE OF DEATH * was as follows:

General Arteriosclerosis

Contributory Secondary

3QAddress) *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

lents or Recent Residents) In the

Where was disease contracted, if not at place of death?.....

Former or usual residence Baltimore City, Maryland

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto, Registing V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from work, Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Sergant, Cook, Housemard, etc. If the occupation has been changed er," etc., Without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physicium, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusine ..., that fact may be indicated thus; Farmer (reto report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Compositor, Architect, specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material Salcsman. Locomoliec engineer, (6) Grocery.

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic gerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of approved 10 ds. American Medical Association.) lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondar: or intercurrent) affection need not be Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., ol Never report mere symptoms or terminal condi by Committee on Nomenclature of the Chronic valvular heart discase; etc. The contributory

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V. S. No. 1

PLACE OF DEATH County Co Co-	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No. 6)	Use Ward) (If denth occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH /- 29, 1980
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 29-30, 192 that I last saw h alive on 1-29-30, 192
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at 4.3 f. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs. mos. ds.
10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Address) (Addres
OF MOTHER Engineer Johnson 13 BIRTHPLACE OF MOTHER (State or Country) Umapole, m4.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Many Jaluat	Former or usual residence
(Address) (1923) Jay 4 C. J. a 2nd Registrar	Dun Hell Cam Hell . 1930
If more bianks are needed, address State Registrar	, 16 W. Sara St., Palto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farna laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tion applies to each and every person, irrespective of to report household only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles: (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Chronic etc. valvular heart disease; Nomenclature of the The contributory not be

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Exact

CORD

² FULL NAME Mary Pricilla Boyd	stead num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) Widow	16 DATE OF DEATH Mar. 18
January 28 1960 1	that I last saw h walive on Man
7 AGE II LESS the I day hr or min	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work HOUSE (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chance Vance
(State or country) Calvert Co. Md. 10 NAME OF FATHER Tipp Deruntle II BIRTHPLACE OF FATHER (State or country) Calvert Co. Md.	(Signed) (Si
of Mother Eliza Ward 13 BIRTHPLACE OF MOTHER (State or Country) Calvert Co. Md.	18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place of death yrs
(Informate) Mrs. Roland Brown (Address) Eastport A. A. Co. Md. File Muscle 20 19237 page C. Fragistrar	UNDERTAKER ADDR
	John M. Taylor Ann ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

(No.

Village or City Eastport

County

02522

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

Annanolis

М	EDI	CAL	CER	TIFIC	CATE	OF	DEATH
---	-----	-----	-----	-------	------	----	-------

TO DATE OF DEATH	mar		18	192	30
***************************************	(Month)		(Day)	(Y	ear)
17 I HEREBY CERTI	FY, That	I attend	led the	decense	from
Oct. / 19	29 to	-n	yar.	1.7	19850
that I last saw h A alive					
and that death occurred on			ove, at.	12.30	Lim.
The CAUSE OF DEATH * wa	as follor	ws:	1	0	
The CAUSE OF BESTH * W	vace	- Lin	wor	A. Carlon	
	*	*****************		******	
	************			**************************************	
Contributory Chsa	(Duration)	د	ra	mos	da.
Lea	(Duration)	5.	ma	2200	de
(Signed) 9. (M) (Addr	11:0	ma	te		M D
3/20/080 (1)	0	J.J.J.	Lo	1:	1111
*State the Disease	Canoing I	ooth H	In.	dontha f	My4.
*State the Insease (Violent Causes, state (1) Accidental, Suicidal or Homic	Means cidal.	of Injury	and	(2) When	ther
18 LENGTH OF RESIDENCE ients or Recent Residents)		Hospitals	, Instit	utions,	Trans-
At place of deathyrsmos	da,	In the State	yrs	mos	ds.
Where was disesse contracted, if not at place of dea.h?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		•••••••	00400 0
Former or usual residence		*******	*************	***************	
19 PLACE OF BURIAL OR RI	EMOVAL		DATE	OF BURI	AL
Cedar Bluff (emete	ry	Marc	h20	9.30
CA LINDERTAKER		A			

S. No.

Every item of infor CIANS should stat statement of OCCU

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (readditional line is provided for the latter statement; it state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at bome, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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1930

S. No. 1 >

PLACE OF DEATH	01290 STATE OF MARYLAND
Count ME Mundel.	CERTIFICATE OF DEATH
	Registration Dist. No. 3
1. 101 11/1 L	
Village or City Selment of artis.	St.: Ward) (If death occurred sin a hospital or institu-
1.	tion, give its NAME is stead of street and
FULL NAME Somo Losuo E	Dollar
	MEDICAL CERTIFICATE OF BEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
The wipowed on Divorced entitle	7201/-1930, 192
James W 700 (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decensed from
JEB 8 - 1930	Sufant was of
(Month) (Day) (Year)	that I hast saw h alive on Ead within , 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	Mis thild apparautely
a occupation (a) Trade, profession or	died John
particular kind of work	Suffication - accidental.
(b) General nature of industry	The state of the s
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
	Contributory Secondary
(State or country) Delmont aa Co mi,	(Duration) yrsds.
10 NAME OF	She Alle anda un
FATHER GLOSS BOYES.	
11 BIRTHPLACE	the fight of the 17 Co. 4 72 (Address)
OF FATHER (State or country) a.a.a. mu,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Lange (Sand Chaule	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	As alone
OF MOTHER (State or Country). (Call Co. Trus,	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLESS	Former or
(Informant) Elwy Boyer.	usual residence
Ga of m. O	1 - Willardenle
(Address) La Communication (Address)	Dermy 899, Freb 14, 1920.
15 5/12 100 1 AC	26 UNDERTAKER ADDRESS
Filed 9 1923 Registry	son dolenna 1713 digitos
If more banks are needed, addre s tato Kegistra	r, 16 W. Saratoga St., Bank., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emlaborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, etc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the Drs-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feeer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pieumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJULY (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

	1PLACE OF DEATH	
	County Q. Q. LO	
yil	lage or City Shady Scol (No.	
_	2 FULL NAME Colout W. Bogman	2
	PERSONAL AND STATISTICAL PARTICULARS	
3 5	hale 4 colorion race 5 single, single widoweb. OR DIVORCED (Write the word)	
6 [(Month) (Day), 1880	
7 A	If LESS than I day hrs. or min.?	
) (I	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	
9 E	(State or country)	
	10 NAME OF John B. Boman	
RENTS	OF FATHER (State or country)	
PARE	OF MOTHER MANY 6. Jones	
	13 BIRTHPLACE OF MOTHER (State or Country)	
14	(Informant)	1

03898

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME it -stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Of 1980
(Month) (Day) (Year)
17 / I HEREBY CERTIFY, That I attended the deceased from
MAN 9 1923 O. to JAN 10 , 1930.
that I last saw harm alive on Aft. 10 , 1920
and that death occurred on the date stated above, atm
The CAUSE OF DEATH * was as follows:
Maina Peoloris
1
La Reces De
(Duration), buknown mos de
Contributory Secondary
(Signed) Geo T Dent M. D
UM 10 19230 (Address) Thurship
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of deathyrsds, In the Stateyrsds
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Thaker Cemelery Ups 12, 1930
20 UNDERTAKER ADDRESS GALLASSILLA
1. M. Hallely Taleboulle

If more blanks are needed, address Stata Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

Registrar

WRITE

m

15

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enapplies to each and every person, irrespective of Foreman, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, (b) Colton mill; (a) Salesman, (b) man, (b) Automobile factory. The without more precise specification as Day Laborer—Coal minc, etc. not gainfully em-The material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be set-tool unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mcasles: telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage cough; for malignant neoplasms); Mcasles; Chronic etc. valvular heart The contributory " "Convulsions, disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Canapalis (No. 20.	O2523 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemalo (Write the word)	16 DATE OF DEATH March 24, 1930 (Month) 6 (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
[March	that I last saw halive on, 1923
7 AGE If LESS than day hrs. day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Uniform (Duration) yrs. mos. ds. Contributory (Duration) yrs. mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) Plue W Auderson J. Costum as Corom. S. *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LLNGTH OF RESIDENCE (For Biospitals, Institutions, Tr. naients or Recent Residents) At place of death yrs
(Informant) M linely Budford. (Address) # January Budford. (Address) # January Budford. (Address) # January Budford. (Registral Registral Regi	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 20 UNDERTAGER ADDRESS ADDRE

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Colton mill; (a) Salesman, sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci business, that fact may be indicated thus; Farmer (rer," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meninatis"); Dinhiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always quality all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), st_ted unless important. (secondar j or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. "Atrophy," "Collapse," "Com2," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Example: Measles (disease etc. The contributory valvular heart disease; not be

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PLACE OF DEATH	STATE OF MARYLAND
County Chine alleville Co.	CERTIFICATE OF DEATH
() (1) (1) (2)	A Registration Dist. No. 21
Village or City Wullhle No. Med - 92	Chaffer St.: Ward) (If death occurred in
2 FULL NAME Buly Bay Bro	a hospit I or institution, give its NAME i. stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH 22 23
OR DIVORCED (Write the word)	alle Monday of the de diam
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Meg 23, 19h	(M) 23 1920 10 112y 27 , 1922e
(Month) (Hay) (Year)	that I last salw h alive on 192
TAGE ON A MILLA MI TILLESS than day hrs.	and that death occurred on the tate stated above, at
mos. V uds. or min.	
B OCCUPATION (a) Trade, profession or	Alle
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country) Quusholis Und	Contributory Secondary (Dustion)
FATHER Wallay Hertey Aury	(Signed) of left you for M. D.
of FATHER Sycurton	State the Piscase Causing Death, or, in deaths/from
Z (State or country) South Calles	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a OF MOTHER PRIVER Calle Skinner	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER O/ / A	At place In the
(State or country) Vallally -V.	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h? Former or
(Informant)	usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Family Court. aug 24 137
15 Filed Curg 2 3 19230 Joseph C. Fry a Tre	ED UNDERTAKER D ADRESS
Registrar	Helleam Bradford aunight
If more branks are needed, addre, a State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Z.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housevife*, *Housework*, or *At Home*, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cupation is very important, so that the relative healthwhatever. write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician. Compositor, Architect, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womspecifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoia fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Mcasics (discase (Recommendations on statement of cause of as iracture of skull, and consequences (e.g., sepses, televius) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, menperitonacum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic and consequences 'e g., ctc. valendar heart Nomenclature of the The contributory discase; not be

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6

B		PHYSI-
MARGIN RESERVED FOR BINDING	WRITE AIM, WITH UNFADING INK-THIS IS A PERMANENT CORD	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
.0		1

	1PLACE OF DEATH	10080	STATE OF	
	County A.A.	(45)	CERTIFICATE	
	u on Ammonolia un Brasilia	(12)		Dist. No.
Vi	llage or City Annapolis (No. Revell 2FUEL NAME Rosa Ebeling Brady		St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
	emale White Single, Married Widowed, Married (Write the word)	16 DATE OF DEATH	Subt.	24, 19830 (Day) (Year)
6	Feby 5 , 1866	(/ M/ -		ended the deceased from
	(Month) (Day) (Year)	that I last saw h	Palive on	24, 1930
7 /	If LESS than I day hrs. 7 mos. 19 ds. or min.?	The CAUSE OF DEAT		
()	a) Trade, profession or House articular kind of work House b) General nature of industry	otalin	***************************************	
-	usiness, or establishment in thich employed or (employer)	Contributory Schondary Julapiana	Cacheria (Duration)	+ Debility
10	10 NAME OF FATHER Louis Ebeling	(Signed) 9. W. 1982	les mart	M. C
RENTS	OF FATHER (Stats or country) GOTMANY 12 MAIDEN NAME	Violent Causes, sta Accidental, Suicidal of	seass Causing Death, te (1) Means of Ir or Homicidal.	or, In deaths from pary and (2) Whether
PAI	of MOTHER ROSA B. Dausch 13 BIRTHPLACE OF MOTHER (State of Country) Germany	At place of deathyrsme	idents) In the State Sta	tals, Institutions, Trans
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contri if not at place of death	acted, 17	
	(Informant) C. Ashby Brady	Former or usual residence		DATE OF BURIAL
_	(Address) Annapolis Md.	St Marys Ce	emt.	Sept. 26 , 1930
15	File of 125 1923 D france france 25	John M. Taj	ylor	Annapolis Md
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., B	alto., Requesting V.	S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ention applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Liaemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tinns, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic etc. The contributory affection need valvular heart disease; not be

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N. B.

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PLACE OF DEATH	03899 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (Innapoles (No.9) 2 2FULE NAME Lames Prance	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (MONTH) (Bay) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw humalive on and him 1975
7 AGE If LESS than day hrs.	and that death occurred on the date stated above, atm,
26 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Hay Inlumen
(b) General nature of industry	V
business, or establishment in which employed or (employer)	(Duration) yrs. mos / U ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF James Branellord &	(Signed), Olter Turkeroe M. D.
of Father Z (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Georgian Religely.	Accidental, Suicidal or Homicidal. 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds, Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Melvin Grandford.	Former or usual residence
(Address)	Mayo Cent. 4/23, 1930
15 Filed fiel 20 1923 o Joyce & Joyce had, Registral	Chao & Hielof 39 Northwest
If more blanks are needed, address tate liegistrar	, 16 W. Saratoga St., Balto., Legyesting V. S. 1.0. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I juphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	1PLACE OF DEATH County Q Q	05181 STATE OF MARYLAND CERTIFICATE OF DEATH
1		(129) Registration Dist. No. 27
	Village or City Amyfolis (No. Emrys)	St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
	2FULL NAME / Mr. V asky () /2	unn
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day) (Year)
	Quest 7, 1857 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 18, 1930, that I last saw h 18 alive on May 18, 1980,
	7 AGE 7 AGE 16 LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 12159. m. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work Laborer (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre 2 mos de
	9 BIRTHPLACE (State or country) Mary land:	Contributory Chrance Mephrolis, Myo Cardilla + Hyperturanon you under
	10 NAME OF Peter Brann	(Signed) J. 8 1920 (Address) armafolia md
	OF FATHER (State or country) Mary land 12 MAIDEN NAME O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Lajury and (2) whether Accidental, Suicidal or Homicidal.
	OF MOTHER Elig - Hepper 13 BIRTHPLACE OF MOTHER DE D	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs 2 mos ds. State yrs mos de
	(State or country) Mary tand- 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Janes Sta. md. if not at place of death? Janes of A. A. C. See A.
	(Interment) Energency Hospilas (Ca)	19 PLACE OF BURIAL OR REMOVAL Sage Bollon May 19, 19
	15 File May 19 19232 fraga e. force has	Do undertaker and Address amorphis
	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to oach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. en at home, who are engaged in the duties of the Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g.. Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, whatever, write None. Housemuid, etc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Furm laborer, Laborer-Coal mine, etc. Womyrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation If the occupation has been changed Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinel fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., tetanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on cough; Chronic Carcinoma, Sarcoma,, etc., of affection need not be etc. valvular heart disease; Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

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WALLE THE CONTROLLED IN THE STATE OF THE STA	clans should state OAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See Instructions on back of certificate.
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>	Every item of Information should be carefully supplied ACE should be state EXACCIANS should state OAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See Instructions on back of certificate.
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co	PLACE OF DEATH ounty Anne Arundel	03900 c		MARYLAND OF DEATH Dist. No. 23
Villa	ge or City Brooklynn (No Annageli 2 FULL NAME Adam Braun	s Blvd.	St.;Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
3 SI	ale White Single, White Single, MARRIED, Widowed OR DIVORCED Tried (Write the word)	16 DATE OF DEATH	4/5/9 (Month) ERTIFY, That Y	(Day), 192(Year)
7 AG	l dayhrs. 39.yrs.5mos.20ds.or min. ?	that I last saw h am and that death occurre	d on the date state	
pa (b	A) Trade, profession or articular kind of work	Contributory Contributory Contributory	(Duration)	latation of
	10 NAME OF Anthon Braun	(Signed)		W. Worte
RENTS	II BIRTHPLACE OF FATHER (State or country) Hungary	*State the Dis Violent Causes, sta Accidental, Suicidal	ease Causing Deat	h, or, in deaths from jury: and (2) whether
PAR	OF MOTHER Unknown		DENCE (For Hos	pitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country) Unknown	At place of death yrsmo	In the State of th	ne ate,yrsmos,da
14 7	(Informant) Mrs. Braun	Where was disease contractif not at place of death? Former or usual residence		
	(Address) Annapolis Blvd.	19 PLACE OF BURIA Cedar H:		DATE OF BURIAL
15	Carl and Caple Alle barbank	20 UNDERTAKER	1	ADDRESS

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Dequesting V. S

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed tired 6 yrs.). Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"):

rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or discuses resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." ary), 10 ds. Never report mere symptoms or Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death head of "contributory." (Recommendations on statetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL scpticacmia." "PUERPERAL peritonitis," etc. "Uraemia," "Weakness." ctc., when a definite disease (secondary or intercurrent) affection need not be Poisoned by curbolic acid-probably suicide. Whooping eough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), emproved by Committee on "Ацаетіа" terminal (second-(disease (merely

Nomenclature of the American Medical Association.)
If this coefficient based over thoroughly and all questions answere thindeall, it will prevent further correspond e.c., and the data is essential and nust be obtained before the carificate is permanently filed.

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WRITE

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PLACE OF DEATH stated EXACTLY, P properly classified. of certificate. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED.
OR DIVORCED
(Write the word) In terms so that it may be See instructions on back 6 DATE OF BIRTH (Month) (Day) 7 AGE 8 OCCUPATION
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS Every item of Intormausers CIANS should state CAUSE statement of OCCUPATION (State of country) 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) KNOWLEDGE 14 THE ABOVE IS (Address) 15

02524

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 3/27 1986
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
3/26 1930 to 3/27 ,130
that I last saw h 2 alive on 2 2 30 , 192
and that death occurred on the date stated above, at 3 0 m.
The CAUSE OF DEATH was as follows:
Essebal Fruoritage
neglicitis typulinein
Chronic alomenular nephritia Cut of
(Duration) ws. mos., ds.
Contributory Secondary
(Ducation) yrs mos de
13 011 7
(Signed)
3/27 190 (Address) Tulle
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place In the of deathyrsmosds. Styleyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

83

min.?

(Year)

IIf LESS than

l day hrs.

(Approved by U. S. Census and American Public Health Association.)

Spinner, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewije*, *House*er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic etc. affection need valvular heart disease; Nomenclature of the The contributory not be

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING WITH UNFADING INK--THIS IS A FOR MARGIN RESERVED

PLAC	CE	OF	DEATH	
ounty	A	nne	Arun	del

C

STATE OF MARYLAND CERTIFICATE OF DEATH 05182

				Registration I	Dist. No. 2
Vil	TO THE	ty Crownsvi	lle (Ntate Hospit George Braxton	al St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- sead of street and number.)
	PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
	sex a le	4 COLOR OR RACE	SINGLE, SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 23rd (Month)	, 19230
6 [DATE OF BI	ктн unknown (Month) 4	17 I HEREBY CERTIFY, That I attered to 192 7. to Matthew 192 7. to May 2 that I last saw him alive on May 2	y 23rd i980.
			If LESS than I day hrs or min.	. The CAUSE OF DEATH * was as follows:	
ク り り り り り り り	earticular kinds) General susiness, or which emplo	orofession or nd of work nature of induatry establishment in nyed or (employer)	Elevator man	(Duration) Contributory Sècondary	
	(State or co	of	Land known	(Signed)	yrs. Inos. ds.
ENTS		HER or country) Unk	nown	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj	or, in deaths from
PAR	12 MAIDE OF MOT	HER Bel	le Gasey	18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
		THER Unk	n own	At place 3 yrs. 3 mos. 6 ds. In the State	Lifetime d.
14	(Information	Hospita	r of MY KNOWLEDGE Bl Records ville, Maryland	Former or usual residence Baltimore City, 19 BLACE DE BURIAL OR REMOVAL	Maryland Date of Burjal Dane 1 1930
15	Filedhu	7 24 19230	10 6 - June 1	60 UNDERTAKER	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

WRITE

8

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., William Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. Foreman, (b) Automobile factory. The material Or especially in industrial employments, it is neces-For many occupations a single word or term on yrs). At Home, and children, without more precise specification as Day For persons (a) the kind of work and also (b) the If the occupation has been changed who have no occupation -Coal mine, etc. Womnot gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cyrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Lambda and "Always qualify all approved by Committee on Nomenclature "PUERPERAL septicaennia," "PUERPERAL perilonitis, causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably sweide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL "Debility" ("Congenital," Whooping "Atrophy." "Collapse." "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Coreinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, cough; or intercurrent) affection need not be "Heart failure," "Haemorrhage," Chronic Example: Measles (disease volvulor heart disease; etc. The contributory

PLACE OF DEATH	STATE OF MARYLAND
County anne arunales.	CERTIFICATE OF DEATH
Pro	Registration Dist. No. 28 ~
Village or City Stropelyn (No	St.: Ward) Gredekamp. (If death occurred in a hospital or institution, give its NAME instead of atreat and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 23, 192 (Month) (Day) (Year)
6 DATE OF BIRTH . DIC. 27 1875	17 I HEREBY CERTIFY, That I attended the deceased from 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
5 yrs. 10 mos. 27-ds. or min.	The CAUSE OF DEATH * was as follows:
a) OCCUPATION (a) Trade, profession or particular kind of work	Hemoulage in the Bearn.
(b) General nature of industry	Zlow
business, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
S BIRTHPLACE A	Contributory Secondary
(State or country) Baltimer. Md.	(Duretion), form mosde.
10 NAME OF Joseph H. Bredilang.	(Signed) Sema & B Harry & Milia M. D.
O II BIRTHPLACE	192 (Address) Doth on in deaths from
OF FATHER (State or country) OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Strodtman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. Ala Uty.	Former or usual residence
(Address) Biropely 2 P.D. Mg	leday fleet leng Date of Burial
15 Filed /// 9 6 1929 June & Aliveen	marciely Hyny, Balk. Md.
If more blanks are naedad, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman. nature of the business or industry, and therefore an tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farnier (re-Housemaid, etc. If the occupation has been changed r." etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

". ('Inanition,' ' 'Marasmus,' ' 'Old Age,' ' 'Shock,' ' 'Uraemia,' ' 'Weakness,' etc., when a definite disease stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory volvular heart disease; not be

	/	/	of DEATH 2. a.			03901	STATE OF MARY CERTIFICATE OF
			<i>m</i> • 1			44	Registration Dist. No
	Vill	lage or City	Bustol	(No			St: Ward) (If de
		²FUL	L NAME	John	Brigh	th	tion, stead stead numb
		PERSON	AL AND STATIST	CAL PARTICU	LARS	MEDIC	AL CERTIFICATE OF DEA
	3 \$	EX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	-	16 DATE OF DEATH	april 11,
	1	nule	negro	(Write the word)	marued	aki	(Month) // (Day)
	6 0	ATE OF BIR	april	, 12	1860	april 6,	21-11
	7 A	GE	(Month	(Day)	(Year)	that I last saw h	Malive on
			6 8 yrs. 1.7	mos. 99 ds.	I day hrs.	The CAUSE OF DEA	
	Mg (8	CCUPATION a) Trade, pro articular kind	ofession or l of work	Lalorer	***************************************	44 0007 07 00 070 0007 00 000 000 000 00	0
21	bı	usiness, or es	ture of industry tablishment in ed or (employer)				(Durstion) / 1/2 yrs
	9 B	State or cou	ntry) Q. Q. (Co- ma	ugland.	Contributory Secondary	(Durstion)yrs
		10 NAME OF			1	(Signed) Eur	ily C. Hammon
	NTS	11 BIRTHPLA	ER			*State the I	3. (Address)
	Z W	(State or	N A as F			Violent Causes, a	tate (1) Mesns of Injury and or Homicidal.
	PA	OF MOTH	•			18 LINGTH OF RE	SIDENCE (For Hospitals, Insestdents)
	-	OF MOTH (State or	ER "			At place of deathyrs	In the Stateyre
	14	THE ABOVE I	S TRUE TO THE BES	T OF MY KNOWE	DGE	Where was disease con-	h?
		(Informant)	Hellia	u Mry	let.	Former or usual residence	
		(Addr	ess) () = 4	at 1 /u	di	Moses e	dietery of
	15	Filed Aft	12th 1923	MA-Cla	Registrai	20 UNDERPAKER	elch Treu.
	territor	V	If more banks are	needed, address &	tate liegistra	, 16 W. Saratoga St.,	Balto., Lequesting V. S. I.o. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street andWard) number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH April 11, , 1980 April . (Month) 11 (Day) 1930 (Year)
that I last saw h in alive on afend 11 198 2
and that death occurred on the date stated above, at 675 Pm
The CAUSE OF DEATH * was as follows:
The CAUSE OF DEATH * was as follows:
(Duration) 1 1/2 are man de
Contributory Secondary
(Durstion) yrs mos, de
(Signed) Emily C. Hammond, M. D. april 12, 1923. (Address) Lathian, mel
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsionts or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds
Where was disease contracted, if not at place of dea h?
Former or usual res.dence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Every It

m

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimeauou as ruy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when necded. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Foreman, For many occupations a single word or term on (b) Colton mill; (a) Salesman, For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstilial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-A merican Medical Association.) approved by Committee on (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature

N.B.

	1 PLACE OF DEATH	08880	STATE OF MA	
Cour	nty f		CERTIFICATE	OF DEATH
V	relay A	31)	Registration E	ist. No. 22
VIIIa	go or City Dorsey (No. ,	vard B	st.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	ME	DICAL CERTIFICATE	OF DEATH
3 SE	ACOLOR OR RACE 5 SINGLE, MARRIED, Suple of DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEAT	(Month)	(Vay) (Year)
e DA	TE OF BIRTH	17 HEREI	10h 20 MA	ttended dedessed from
	lug. /8 - 1922	1	, 1900, to Q	1913 (
7 AG	(Morth) (Day) (Year)	that I last saw I	alive on	1930,
1	7 11 2 a 1 day, hrs.	and that death of		
	yrs. / mos. / ds. OR min. ?	CAUSE OF	DEATH * was as follo	ws: acute
(8	Trade, profession, or	Julmon	cary Julier	culosis.
) General nature of lodustry	***************************************		
bus	siness, or establishment in ich empleyed (or employer)		(Duration)	Vyrs. 4 mos. Vds.
	RTHPLACE (State or country)	Contributory Secondary		L L 2
	10 NAME OF FATHER	(Plane 2)	Thank	The bless was
v	has. Broguer	(Signoid)	20 000	raer IIII.
RENT	of Father (State or country)		1813.0 (Address) DEATH, O 1) MEANS OF INJURY; EDD	r, in deaths from VIOLENT
PARE	12 MAIDEN NAME Warie Worker.	18 LENGTH OF RES	SIDENCE (FOR HOSPITALS	, Institutions, Transients,
	13 BIRTHPLACE OF MOTHER (State or country)	At placs of deathyrs.	in the	s,yrs mos ds.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont if not al place of death Former or	rasted, h ?	
100	(Informan) (Informan)	usual residence		
	(Address) Harrover, U.S. A. A. A.	19 PLACE OF BUR	es lemetus,	DATE OF BURNAL
15 File	ang 18, 1980 blava Mo Caslup	20 UNMERTAKER	Fisher	podress havel lux
	If more blanks are needed, address State Registrar,	16 W. Saratoga St. Br	alto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Lealer." etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question write None business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menumonialified, is indefinite); Tuberculosis of lungs, menumonialis indefinite);

lapse," on statement of cause of death approved by Committee rent) affection need not be stated unless ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meusles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway truin-accident; Revolver wound Always qualify all diseases resulting from child-"Coma," (mercly symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," "Colacid-probably important.

N. B.--Every item of information should be carefully supplied ACE should be state EXACTLY, ARKSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PECORD WITH UNFADING INK---THIS IS A PERMANENT BINDING FOR MARGIN RESERVED IN WRITE R V. S. No. 1

PLACE OF DEATH	02525 STATE OF MARYLAND
County a a	(16)-a CERTIFICATE OF DEATH
0 1 2 9	Registration Dist. No. 21
Village or City Chunapolis (No. Comergessel	tion, give Ite NAME In-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEY A COLOR OF PACE 5 SINGLE,	2.
While While MARRIED. Stugle OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Wyark 6 1930	17 I HEREBY CERTIFY, That I attended the deceased from March 6 1930 to March 61, 1830.
(Month) (Day) (Year)	that I last saw him alive on March 6, 1980,
7 AGE If LESS than	and that death occured on the date stated above, at 1150 t.m.
yrs. mos. ds. or min.?	Prema I write . (Tuos. 1 wish.
B OCCUPATIONds. ormin.?	College Chart. unit
(a) Trade, profession or particular kind of work	Cararac Claymal on failure
(b) General nature of industry	· · · · · · · · · · · · · · · · · · ·
business, or establishment in which employed or (employer)	(Duration) ds.
9 BIRTHPLACE (State or country) Annapolis 24d.	Contributory Secondary
10 NAME OF MA DE 12	(Duration) yrs those de
FATHER Ches. T. Drumley	Mar. 6 130 (Address Despenser, acting roles
0	
Z (State or country) Lown.	*State the Discase Causing Death, or, in deeths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Clinic L. Chase	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place of death yrs mos. ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
laya. C.	Former or usual residence
(Informant) (Manual academy	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Consapolin ryd.	Haval Cesuley mophlis Mul 1, 1930
15 Filed March 16 19230 fory a c. for a That	John W. Lay la Churcho
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Med

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. fulness of various pursuits can be known. The quescupation is very important, so that the relative health. state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to oach and every Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. If the occupation has been changed person, irrespective of Locomotive engineer, As examples: (a) But in many (6) material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,";

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. Example: Measles (disease " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles, (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJURY Whooping approved Examples: Accidental drowning; Struck by railway train. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the "" "Weakness," etc., when a definite disease cough; Chronic etc. valvular heart disease; The contributory Sarcoma,, need not be etc., of

Lxact

(Informant

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19230

16 C.

PLACE OF DEATH	STATE OF MARYLAND
County a.a.	01291 CERTIFICATE OF DEATH
County	
Ann the	Registration Dist. No. 27
Village or City of Margarity 2FULL NAME Syface	St.: Ward) (If death occurred in a hospitul or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED	16 DATE OF DEATH Feb. 1980
Mule Midoweb.	
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Xel- 1 1930	51/1/200 - 1920,
(Month) (Day) (Year)	that i last saw h that slive on 1923.
7 AGE [If LESS than	and that death occurred on the date stated above, at
I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.}	Flill barn
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vie S. Zmos de.
9 BIRTHPLACE	Contributory Secondary
(State or country)	Duration) yrede.
11D NAME OF	4 Millia Mart
FATHER Some Brookman	(Signed) M.D.
O 11 BIRTHPLACE	1923(Address)
OF FATHER (State or country) Vagana	*State the Discase Causing Death, or in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME O OR O	
of MOTHER Mildred Morris	18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country) Visionica	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
land Barbara	Former or usual residence

19

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Buto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKER

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term en or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Chronic interstitial nephritis, Whooping approved by Committee on Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory affection need Nomenclature not death

C	PLACE OF DEATH ounty QQQ	STATE OF MARYLAND (09 CERTIFICATE OF DEATH Registration Dist. No. 27
Villa	age or City (No. 2 FULL NAME Sla Br	St: Ward) If death occurred in a hospital or institution, give its NAME Instead of street and sumber.)
7 AC	PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARRIED; WIDOWED OR DIVORCED (Write the word) ATE OF BIRTH MANUAL 28 9 (Year)	The CAUSE OF DEATH & was as follows:
ST-NEW AGO	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Fileder K 1923 France C Registrar	(Signed)

(Approved by U. S. Census and American Public Health Association.)

bush se that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as At *chool or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) : !ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Latever, write None. Housemeid, etc. If the occupation has been changed worked on may form part of the second statement. (a) Foreman. (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesempation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-6 18.). For persons who have no occupation For many occupations a single word or

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspital force (the only definite synonym is "Epidemic egrebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia." Lobar pneumonia, Bronchopneumonia ("Pneumonia."

Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia." "Auaemia" Poisoned by earbolic acidtrain-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicuemia:""Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of vulsious." unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or Chronic interstitial nephritis, etc. The contributory Whooping cough; .. (uame origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report more symptoms or terminal intercurrent) affection need not be Chronic valvular heart (Recommendations on state--probably suicide. Committee "Coma," "Con-"Haemor-(disease discuse; (second-(mcrely etc.

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ated EXACILY, PHYSI-operly classified. Exact certificate. instruction 99 important. Should SE OF DI ATION

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RENTS

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OF MOTHER

13 BIRTHPLACE

OF MOTHER

(State or Country)

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1PLACE OF DEATH						
County A.A.						
llage or City Annapolis (No. 20	9 Hanov					
2FUL NAME Annie Louise Di	ckinson					
PERSONAL AND STATISTICAL PARTICULARS						
SEX 4 COLOR OR RACE 5 SINGLE,	2 - 2					
emale White MARRIED.Mar OR DIVORCED (Write the word)	ried					
DATE OF BIRTH						
June 14 , 1852 (Month) (Day) (Year)						
If LESS than I day hrs. 78 yrs. 3 mos. 8 ds. or min.						
CCCUPATION (a) Trade, profession or NONE (b) General nature of industry ousiness, or establishment in which employed or (employer)						
BIRTHPLACE (State or country) Mass.						
o name of Augustus N. Carrier						
OF FATHER (State or country) N.H.						
12 MAIDEN NAME						

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred In a hospital or institu-tion, give Its NAME is steed of street and number.) er 3 Ward) Carrier Brown MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH and that death occurred on the date stated above, (Duration) Secondary (Durstion) Disease Causing Death, /or, in deaths from state (1) Means of injury Violent Csuses, (2) Whether and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place In the Where was disease contracted, if not at place of dea.h?. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cedar Bluff Sept. 24, 1930_ UNDERTAKER ADDRESS John M. Taylor Annapolis Md

STATE OF MARYLAND

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Aurthur N. Brown

Mass.

Margaret P.Dickinson

(Informant) Hanover St. Annapolis Md. Address)

If more blanks are needed, addre. & Ltate Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every whatever, write None. Housemaid, etc. If the occupation has been changed laborer, Foreman, (b) Automobile factory. The to know For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation (a) the kind of work and also (b) the Laborer--Coal mine, etc. person, irrespective of not gainfully em-(6) material engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. affection need valvular Always qualify all The contributory heart disease; not be

V. S. No.

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IRTH	MO	FAT State	THE		emple	lar k neral	ATIO	,	OF B	nal		RSC	2F	or Ci	у	LAC	

PLACE	OF	DEATH	
ounty AT	ne	Arundel	

07577

STATE OF MARYLAND CERTIFICATE OF DEATH

Illa

Registration Dist. No. 21

	Solley ULL NAMEB		St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	DNAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX femal	4 COLOR OR RACE white	S SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 16 (Month)	
6 DATE OF B	July 15		17 I HEREBY CERTIFY, That I at192 to	tended the decessed from
7 AGE	yrs.	If LESS than I day 12 hrs. ormin.?	and that death occurred on the date state The CAUSE OF DEATH * was as follows: Prematurity	
particular ki (b) General business, or			Contributory Secondary	
10 NAME FATHEI		L. Brown		<u>Д</u> м. D.
OF FAT (State			*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	
12 MAIDE V OF MOT		Schubert	18 LENGTH OF RESIDENCE (For Hosp	
13 BIRTH			Where were disease contracted	eteyrsmosds
(Informar	Richs	of MY KNOWLEDGE	if not at place of deeth?	
100.00	dress) Sol		Solley, Md.	7-17 , 1930
Filed 7 -]	19 30 d	.a. Bullet . ~. Registrar	John Schubert	Solley, Md.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary approved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not valvular heart disease; etc. The contributory

Di. Borde

(Approved by U. S. Census and American Public Health Association.)

laborer, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewijc, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (te state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DESEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same actepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) earbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsia, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory not be

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed etc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer, 6 Grocery;

Streement of Cause of Death—Name, first, the DISEALE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrosfinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease earbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJURY (secondary Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease Measles ;

V. S. No. 1

PLACE OF DEATH	6.698 STATE OF MARYLAND
County a	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City was poles (No. Emery	lessey Hospilal
Village or City (No.	a hospital or insti
	tion, give its NAME stead of street a
2FULL NAME OSCILLO	VIII. 13250M number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH
WIDOWED. OR DIVORGED	, 192
Make White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1000 29 188	192, 192, 192, 192
(Month) (Day) (Year)	
7 AGE [IFLESS the	an and that death occurred on the date stated above, at
1 dayh	rs. The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min	2) Fraghered Shull cans
8 OCCUPATION (a) Trade, profession or	by Antomible Accordent
(a) Trade, profession of	
particular kind of work	Filled in Sold at Rand - a Countries
particular kind of work	Killed on Sglehart's Road a Countyroad
(b) General nature of industry business, or establishment in	Relled on Sylphart's Road - a County road. Railroad train not, isovolved cuy 602 mos
(b) General nature of industry business, or establishment in which employed or (employer)	Paiboad train not, worked cuffer mos
(b) General nature of industry business, or establishment in	Contributory Secondary
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) (State or country)	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Signed Jour M Affairs Sety Lors
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 12 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 17 BIRTHPLACE 18 BIRTHPLACE	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (STATE OF COUNTRY) 11 BIRTHPLACE (STATE OF COUNTRY) 12 BIRTHPLACE (STATE OF COUNTRY) (STATE OF COUNTRY) (STATE OF COUNTRY) (STATE OF COUNTRY)	Contributory Secondary (Signed Jossi M Hofferin Acting Corrections) (Signed Jossi M Address) Amofolis Ma
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary (Signed our M Affairs Schy Lors
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 MAIDEN NAME OF MOTHER OTHER OT	Contributory Secondary (Signed Associated (Duration) Associated (Duration) (Signed Associated (Duration) Associated (Duration) (Signed Associated (Duration) Associated (Dura
(b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 COMPANY 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER MANUAL AND	Contributory Secondary (Durstion) (Signed Associated Associated Countributory (Signed Associated Associated Countributory *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training of Recent Residents)
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER 14 BIRTHPLACE OF MOTHER OF MOTHER	Contributory Secondary (Duration) (Signed Original Address) (Signed Original Address) (Signed Original Address) *State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
(State or country)	Contributory Secondary (Signed Assert Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For liospitals, Institutions, Traients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos.
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER	Contributory Secondary (Signed Assert Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For liospitals, Institutions, Trainents or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death?
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed Assert Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents) At place of death yrs. mos. ds. State yrs. mos.
(b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailients or Recent Residents) At place of death was disease contracted, if not at place of death? Where was disease contracted, if routed the state of death of the state of death o
(b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration) (Signed Associated Application of Contributory *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailents or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(State or country) DISTRIPLACE (State or country) OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Addreas) (Addreas) (Addreas)	Contributory Secondary (Signed Violent Causes, State (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailents or Recent Residents) At place of death yrs mos ds. State yrs mos former or usual residence. 19 PPACE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL
(b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed Visa M Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trainents or Recent Residents) At place of death yrs mos ds. State yrs mos mos of Death of State yrs mos mos ds. Where was disease contracted, if not at place of death? Former or usual residence most account of the state of death of

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; approved by (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart Nomenclature of the disease;

V. S. No. 1

PLACE OF DEATH	07578 STATE OF MARYLAND
County A. A.	CERTIFICATE OF DEATH
	74a Registration Dist. No. 7
Village or CityScuth River (No	St: Ward) (If death occurred a hospital or institution, give its NAME i stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. Marrie	d us parts of a series of the
Male White MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
Dec 30 1868	17 I HEREBY CERTIFY, That I attended the deceased fro
(Month) (Day) (Year	
7 AGE IfLESS th 1 day	The CALISE OF DEATH & mos on fallennes
a OCCUPATION (a) Trade, profession or Retired Farmer particular kind of work Retired	- Cerebral Hemonhage
(b) General nature of industry	··
business, or establishment in which employed or (employer)	(Duretion) yrsmos
9 BIRTHPLACE (State or country) A. A. County	Contributory Secondary (Duration) yrs. A mos
10 NAME OF FATHER James. W. Brown,	(Signed) Msnah M.
OF FATHER (State or country) A. A. County	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Unknown	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran jents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place of deathyrsmosds. In the Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Laurra. M. Brown, (Address) Annapolis, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Baldwin Nemorial A. Co. Jul 27th 1970
Filedrif 25 1923D Jay 4 C. Joseph Registrar	B. L. Hopping, Annapolis, Md.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory affection need valvular, heart Nomenclature of the disease; not be

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, to CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. FCORD , WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING AIL WRITE No. 1

70 0

d. Exact

PLACE OF DEATH	STATE OF MARYLAND
County U- Co.	99-0 CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City (Mn Composition (No. 15)	St.: Ward) (If death occurred a hospital or institution, give its NAME I stead of street are number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL/CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 28, 1930 (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 3-25-30, 192 that I last saw Manualive on 3-28-30, 192
7 ACD If LESS than I day	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cleul Bront Cluty (Durstion)
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Brown	(Signed) 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER James Stanle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosd Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Address) 15 Botts Court	Ishur Church Ent March 29 192
15 5:1 Sheer 29 10230 Just C. In a 20	20 UMB HOT AKER 24 Northwest A

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to c.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and ehildren, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. (b) Automobile factory. The material But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convuisions, "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E haustion," "Heart failure," "Haemorrhage," st_ted unless important. Example: Measles (disease ".PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by can be ascertained as the cause. Always qualify all ("Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), American Medical Association.) (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State eause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Chronic etc. The contributory affection need not valvular heart disease; Nomenclature of the

0	PHYSI-
CORD	EXACTLY, riy classified
WRITE AINE, WITH UNFADING INK-THIS IS A PERMANENT CORD	N. B. Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CLANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
S IS A PER	d. ACE shos so that it n
H UNFADING INKTHIS IS A	fully supplied no plain terms ant. See ins
UNFADING	ould be care DF DEATH IN
VEI, WITH	ormation shate CAUSE CUPATION IS
ITE OIL	should stand of occi
WR	Clans
	Z

V. S. No. 1

PLACE OF DEATH	12854 STATE OF MARYLAND
County aug Chrewdel	CERTIFICATE OF DEATH
-G	Registration Dist. No.
Village or City recured (No. 2FULL NAME John Provin	St.: Ward) (If death occurred in a hospital or Institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWEOL done OR DIVORCED (Write the word)	16 DATE OF DEATH OCT Z9th, 19270 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Yesr)	that I last saw halive on, 192,
7 AGE Social Particular If LESS than I day hrs	The CAUSE OF DEATH + space as follows:
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Afail	Contributory Secondary (Duration) (Signed) (Signed) (M. D. M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME D 14 MAIDEN NAME D	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER COMPLETE STROWN 13 BIRTHPLACE OF MOTHER (State or Country) Mary Luce	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Maggie Onces	usual residence
(Address) Freeworst. Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCT 3/, 1930
Filed Oct 30 1920 WA Chapter	20 UNDERTAKER Salbett Rest Piner.
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary) inges, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronicetc. The contributory valvular heart disease,

	PLACE OF DEATH	06380 STATE OF MARYLAND
	County U. G.	CERTIFICATE OF DEATH
		Registration Dist, No.
	Village or City Chronophali (No. / No. / Vers	see Zeo St.: Z Ward) (If death occurred in a hospital or institu-
ificate	2FULL NAME John Edward	Brown tion, give its NAME II - stead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Worth) (Day) (Year)
d n	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
St	June 8, 1837	1927. to 10, 1930
tlor	(Month) (Day) (Year)	that I last saw h Malive on 71 112,
ruc	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
nst	/3 yrsds. ormin.?	Chranis memea
See	(a) Trade, profession or particular kind of work Waterman	+ nephrita
nt.	(b) General nature of industry business, or establishment in	(Duration) yra mos de.
orta	which employed or (employer) // which employed or (employer)	Contributory Chranic Prosett
imp	9 BIRTHPLACE (State or country) Bulling 24d.	Secondary (Dyration) Yarky am de.
very	FATHER John E. Brown	(Signed) 9. Willis Martin M. D.
N O	OF FATHER (State or country) (State or country)	*State the Disease Causing Death, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PATI	of Mother Unitarious	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
CCU	13 BIRTHPLACE OF MOTHER (State of Country) (State of Country)	At place of deathyrsmosds. Stateyrsmosds.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
nto	1. 7 · 4B	Former or usual residence
me	(Informant) Mr. Sames J. Elaure	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
statement	(Address) Churchale Will	Ceden Bluff Court Jun 13, 1930
co	Filed June 12 19230 frag 6 C. fragistrar	John Uf. Very la Cessespoli
	If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise operations without more precise operations, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salcsman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as 'Congenital,' "Senile,' etc.), "Dropsy, Chronic valvular heart disease; etc. The contributory Nomenclature of the

07579 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) proper MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE MARRIED. be may be WHOOWED OR OWORCED Write the word) 6 DATE OF BIRTH (Day) 7 AGE Ilf LESS than and that death occurred on the hate stated above, at The CALSE OF DEATH I day hrs. ds. or min.? B OCCUPATION MARGIN "RESERV (a) Trade, profession or particular kind of work (b) General nature of industry Q business, or establishment in (Duration) which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) Q W DO 10 NAME OF 31 FATHER 00 (YAddress) 11 BIRTHPLACE 00 143 OF FATHER *State the Disease Causing Death, or, in deaths from lent Causes, state (1) Means of Injury and (2) Whether OZ RENT TION (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER should state ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State.....yrs...yrs.......mos.......ds. (State or Country) Where was disesse contracted, if not at place of dea.h?..... MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BES Every item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMOVAL (Address) ADDRESS If more blanks are needed, addre. s Ltate Registrar, /16/W. Saratoga St., Balto., Requesting V. S. No. 1.

det from letter from d. Reg. 8/6/30. al. 8/21/30

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

stated unless important. Example: Measles (disease (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, causing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) taken. FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart etc. The contributory ," "Convulsions, disease;

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	PLACE OF DEATH	STATE OF MARTLAND
	Act,	CERTIFICATE OF DEATH
Co	Cha	Registration Dist. No.
Villa	2 FULL NAME Arlie Joyce	St; Ward) (If death occurred in a hospitul or Institution, give its NAME intend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWEI OR DIVORCED (Write the word)	16 DATE OF DEATH So. (Month) (Day) (Year) [Month] (Day) (Year) [17 7 I HEREBY CERTIFY, That I attended the deceased from
6 D.	ATE OF BIRTH 9	mach 12 180, to april 18 1 1930.
	may 1st 1908.	that I last saw h alive on upril 10th, 19234
	(Month) (Day) (Year)	and that death occurred on the date stated above, at /2/1900
7 AG	If LESS than	The CAUSE OF DEATH & was as follows:
	2/ // // Idayhrs.	The CAUSE OF DEATH 27 was as follows:
0.0	yrsmosds.lor min. ?	The land of the land
(a	CCUPATION 1) Trade, profession or	July moral variations
	articular kind of work. Olympian () General nature of industry	
bı	usiness, or establishment in	(Duration)yrs
-	chich employed or (employer)	Contributory
9 151	(State or country)	Secondary
	10 NAME OF	(Duration)
	PATHER A. A. A. A. C.	(Signed)
8	11 BERTHYLAGE	USPIL B. 1930 (Address) A De Con ville
REN	12 MAIDEN NAME	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Annis Jance	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	18 BIRTHPLACE OF MOTHER (State or count) and leaves	At place of death yrs mos da. State, yrs mos da.
14 7	THE ABOY AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Aranie Aras	Former or
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Mayo My	Stmula CWattery of Abril 15 1030
15	of the supplied of the first	80 UNDERTAKER ADDRESS
	Filed april 19 1930 Th. Luckett Jollhan	In Jolish Walk may
	30 -C/L = 0.C -	16 W. Saratoga St., Balto., Requesting V. S. No. 1
	the more make are needed, address State Registrar.	10 M. Dalkfoff of Dane Dane Lednamin A. O. 110. 7

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None. business, that fact may be indicated thus: Farmon restate occupation at beginning of illness. If retired from or given up on account of the disease causing diatil, gaged in domestic service for wages, as Screant, Cook, ployed, as At *chool or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the luborer, Parm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. ac litional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative healthis ed 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fully se of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day As examples: (a) The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same necepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid puenmonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Putreeral septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanitiou." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," conditions, ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. "Uraemia," "Weakness." etc., when a definite disease vnlsions." Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name orighn; "Cancer" is less definite; avoid mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," Never report mere symptoms or terminal (Recommendations on state-Example: Measles "Апаетіа" "Coma," "Con-(second-(discase (mercly

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURRAU

Exact

properly classified. should be stated EXACTLY, Every item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING IS A FOR WITH UNFADING INK--THIS RESERVED MARGIN

WRITE

V. S. No. 1

PLACE OF BEATH, County

14583 946

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Vil	lage or City2FULL N.		Sallie Bro		St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
	PERSONAL	AND STATIST	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH		
		olor or race	5 SINGLE, UNK MARRIED, WIDOWED, OR DIVORCED (Write the word)	nown	December 17 , 192 30 (Month) (Day) (Year)		
6 1	DATE OF BIRTH	unkno (Month)		1_846 (Year)	I HEREBY CERTIFY, That I attended the deceased from August 13 192 5 to December 17 19230, that I last saw her alive on December 17th 19230,		
7 A		34 yrs. unk		fLESS than day hrs. or min.?	and that death occurred on the date stated above, at 2:10P.m. The CAUSE OF DEATH * was as follows: Cerebral Arteriosclerosis		
N	usiness, or establishich employed or SIRTHPLAGE (State or country)	(employer)			(Duration) Unknown nos ds. Contributory Senility Secondary Director Unknown nos ds. (Standard M. D. M. D.		
S		Unkno	wn		Dec17 19230 (Address) Crownsville, Md		
ENT	OF FATHER (State or coun		wn		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
PARE	12 MAIDEN NAM OF MOTHER	Unkno	wn		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
	of MOTHER (State or Country) Unknown			At place 5 yrs 4 mos. 4 ds. In the State Live time ds.			
14		Iospital I	Records ville, Mar		where was disease of death? Former or usual residence Que en Anne's County, Md. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS ADDRESS		

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Furnier (ie-tired 6 yrs). For persons who have no occupation ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed to 1 for the same disease. Examples: Cerebrospinal fever 'tle only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Typhoid fever (never report "Typhoid Pneumonia,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be Chronic interstitud nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menldanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease, etc. The contributory

PLACE OF DEATH	06381 STATE OF MARYLAND
County Mare Missadel	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Muschling (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Wola Bron	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH TIME 7, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw halive on 192
7 AGE If LESS than 1 day hrs O yrs. O mos. A ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yes mos de
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosds
10 NAME OF Servey Brown	(Signed) Ged Adamson M. D. M.
OF FATHER Z W State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wary alverta Matthew	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
(Informant) Suvey Brown	if not at place of death? Former or usual residence
(Address) Churchlon Dra	Brown Penelly June 4, 1931
15 Filed June 7 1930 Sev June Registrar	Devoy Brown Mulphone
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womcngineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinial fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all causing death), 29 ds.; L. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease chopneumonia (secondary) etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

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PLACE OF DEATH	02527 STATE OF MARYLAND
Count / Mul Chundles	CERTIFICATE OF DEATH
S AD	Registration Dist. No.
Village or City with / 1850 (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME My Jan J	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH Month
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	III I nip ciau all sullidance
8 OCCUPATION (a) Trade, profession or particular kind of work	fait fixed no hours after
(b) General nature of industry	Land 1
business, or establishment in // which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary Duration 7 yrs mos ds
10 NAME OF STATE STATE OF THE S	(Signed) M. D. M.
State or country)	*State the I is ase Causing Death, or, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER / Mult trickle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Arans ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary land	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea.h?
(1) Arthur & hours	Former or usual residence
(Informant) (Informant) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Mull alleweller 1900 1900
Filed 1920 Registrat	17 Thus Janus, Sull him
If more banks are needed, addre.s : tate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Housewhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a)additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tle airst line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foreman, especially in industrial employments, it is neces-For many occupations a n.(8.1R Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (3) Grocery;

Statement of Cause of Death—Name, first, the DIS.
EASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	12528 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME II-
2FULL NAME Infant 12	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
March 19 ,1930	3/18 131.103/10 ,1871.
(Month) (Day) (Year)	that I last saw h Jy alive on Dead,
7 AGE If LESS than I day hrs.	
yrsds. ormin.?	The CAUSE OF BEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Skillborn
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) y78, mos. ds,
Which employed or (employer)	Contributedy
9 BIRTHPLACE (State or country) 2 Mgo	Secondary (Duralla)
10 NAME OF DELLE	(Signed) , , M. D.
FATHER LOTM (Emy Grown)	3P 10 182 9 (Address) Ulloportesm
State or country) In BIRTHPLACE OF FATHER (State or country) In MEO	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hovence Hiller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Longo And.	ients or Recent Residents) At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Orlan II Brown	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	1 1 1
(Address) Jours And	Wayman Caml 3 11, 180
(Address) Jorg Ga Lya Zul Filedusul II 1983 D Jozg Ga Lya Zul Régistras	Wayman Csml 3 11, 1930 20 UNDGRTAKEB ADDRESS 47 Washington

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, .. or At Home, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, and children, not gainfully em-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranne," "Old Age," "Shock," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic etc. valvular heart The contributory not be disease;

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S. No. 1

20

County Prince Georges And Aund For Sid & Meade	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 27
Village or City Laurel, Md. (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. Single OR DIVORCED (Write the word)	15 DATE OF DEATH July 20 , 1930
March 14 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That detended the decensed from was dead on arrival at hospital and was no attended by me prior to death.
7 AGE If LESS than day hrs. or min. OCCUPATION	and that death occurred on the date stated above, at 3:45 m. The CAUSE OF DEATH * was as follows: Angina Pectoris.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Pennsylvania 10 NAME OF FATHER G. W. Buchanan 11 BIRTHPLACE OF FATHER (State or country) Pennsylvania	about 1-hour (Duration) yrs mos ds. Contributory Secondary unknown (Signed) C. D. HOLMES, Major, M.C., USA, M.D. July 23 19230 (Address) Ft. George G. Meade Md *State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF MOTHER Amie Barett 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of death yrs
(Informant) Mrs John Glosson [Address] 5613 Ferndale Ave. Altoona, Pa. Filed July 23 1980 H.H.Baily, tol., Mac. USA.	19 PLACE OF BURIAL OR REMOVAL Altoona, Penna 20 UNDERTAKER Lloyd Kaiser Laurel, Md.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, Civil engincer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on Or Farm yrs). For persons who have no occupation At Home, and children, without more precise specification as Doy loborer, Laborer-Coal mine, etc. Wom-Stationary fireman, etc. Locomotive engineer, not gainfully em-But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, stated unless important. use of "Tumor" (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drepsy, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on carbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping American Medical Association.) Recommendations on statement of cause of death taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; or intercurrent) " "Heart failure," "Ilaemorrhage, for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. affection need not be valvular heart disease; Nomenclature The contributory

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01 V ES)

M. B.

	Co	PLACE OF DEATH Junty Ames armeder Co	STATE OF MARYLAND CERTIFICATE OF DEATH
meare.	Villa	ge or City Brooklyn (No. M. 2 FULL NAME Elizabeth Bu	Registration Dist. No. 13 Ward) (If death occurred a hospital or Ination, give its NAMK in tend of streat a mumber.)
CK OI CEL	3 SE	MARRIED, Markier, Wildowed	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Yes
ons on pa	6 DA	THE OF BIRTH June 19, 1873	17 I HEREBY CERTIFY, That I attended the deceased to 192, to 192, to 192, that I last saw h lalive nn Oct. 192, 192
TOD INSTITUTE	7 AG		and that death occurred on the date stated above, at
mportalities se	(a) pa (b) bu wh	OTRATION Trade, profession or fourticular kind of work General nature of industry siness, or establishment in hich employed or (employer) RTHPLACE (State or country) Gustia	Contributory Secondary (Duration)yrs. mos
TAILOR IO ACID	PARENTS	10 NAME OF PATHER ? 11 BIRTHPLACE OF FATHER (State or country) Custaia. 12 MAIDEN NAME OF MOTHER ?	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jeans of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Texture of the Causes, Suited to the Causes, Suited to the Causes, Suited to the Causes, Suited to the Causes of the Causes
atement of coor		IS BIRTHPLACE OF MOTHER (State or country) austria RE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) July Buckeyouth (Address) Merriso Itill (Brooklyn)	Where was disease contracted, if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
n =	15 F	iled OA 99 19037 Janus Laggray Registrat.	20 UNDERTAKER ADDRESS E+B Harle- 115 & West La 18 W. Saratoga St., Balto., Requesting V. 8 No. 1
tatement of Occupation is very important. See instructions	6 DAA 8 OC (a) pa bu wh wh wh wh wh a 14 T	ACOLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) ATE OF BIRTH June 19	(Month) (Day) 17 1 HEREBY CERTHY, That I attended the december of the last saw here alive no contributory secondary (Signed) Contributory Secondary (Signed) Caddress) Contributory Secondary (Signed) Caddress) Contributory Secondary (Signed) Caddress) Contributory Secondary (Signed) Caddress) Contributory and (2) where was disease contracted, if not at place of death? At place of death? Where was disease contracted, if not at place of death? Former or usual residence. Self of Buriai, Or Removal Date of Buriais of Self o

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occ pations of persons enen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISECSE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-"pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Housemaid, etc. laborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, age. For many occupations a single word or term on the first line will be sufficient, e. g., Furmer or Flunter, fulness of various pursuits can be known. The quesempation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of oc-OF 12 Home, and children, not sainfully em-(a) the kind of work and also (b) the For persons who have no occupation If the occupation has been changed -Coal mine, etc. As examples: (a) The material Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid ase of "Croup"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

head of * Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicuentia." "Puerperal poritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor symptomatic), "Atrophy." "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Caroinoma, Sarcoma, etc., of "Uraemia," "Weakness." etc., when a definite disease vulsions." (name origin; "Cancer" is less definite; avoid inqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJUST "contributory." the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles Always qualify all Measles; terminal (merely (second-(disease

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V. S. No. 1

1	1	PHYSI-
	CORD	be stated EXACTLY, PHYSI-
U	VENT	e stated

	III.	ö	
2	formation should be carefully supplied. ACE should be stated EXACTLY, F	tate CAUSE OF DEATH In plain terms so that it may be properly classified.	9.
CORD	EXA	ly cla	ficate
	tated	roper	SUPATION is very important. See instructions on back of certificate.
ZEZ	be s	d eq	k of
SWA	pine	nay	bac
PEF	sho	t lt r	S or
A	ACE	tha	tion
3 18	d.	80	ruc
THIS	olide	erms	ins
ZK-	y sul	ain te	See
	full	n pia	ant.
NIC	care	E	port
IFA!	eq	DEA 1	v Im
5	ould	F I	Ver
TTH	ds r	SE	N
>	ation	CAU	TIO
INEY, WITH UNFADING INKTHIS IS A PERMANENT	form	tate	ACUS

Si-		1PLACE OF DEATH
HYSI- Exact		County A. A.
. pe		/
SITIES	Vill	age or City Annapolis (No. 55 Sout
AC las		£
rly o		2FULL NAME Anna. M., Bundschu,
ope		PERSONAL AND STATISTICAL PARTICULARS
Information should be carefully supplied. ACE should be stated EXACTLY, P state CAUSE OF DEATH in plain terms so that it may be properly classified. CCUPATION is very important. See instructions on back of certificate.	3 5	4 COLOR OR RACE SINGLE, MARRIED. Single WIDOWED. OR DIVORCED (Write the word)
ma)	-	ATE OF BIRTH
she It i	1	April 4th 1860 1
hat		(Month) (Day) (Year)
So t ucti	7 A	
lled ms ans		69 yrs. IO mos. 4 ds. or min.?
upp teri	60	CCUPATION) Trade, profession or
sin /		Trade, profession or articular kind of work O General nature of industry
n pi	b	usiness, or establishment in hich employed or (employer)
H I		
EAT		(State or country) Baltimore Md.
ould SF Di very		on NAME OF FATHER Louis. Bundschu,
SE C	TS	11 BIRTHPLACE OF FATHER
AUS	RENT	(State or country) Germany
Mat SAT	PAR	of Mother Margaret Kempf,
fori		13 BIRTHPLACE OF MOTHER
d d in	_	(State or Country) germany
o ul	14	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
sh sh		(Informant) Mrs. H. T. Connolly,
CIANS should a statement of OC		(Address) Annapolis Maryland.
SEV	15	Filed AN. 10 19230 Joylu C. In a 2000

01293

South Gate. Ave.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 27

Ward)	(If death occurred a hospital or instittion, give its NAME i	1
	stead of street en	1

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH 71 1 87	
	(Day) (Year)
fully 10 1929 to	L/- 8 , 1930.
that I lost saw h Malive on H.	7 1956, dabove, at 6,30 Pm.
and that death occurred on the date states	d above, at 6, m.
The CAUSE OF DEATH * was as follows:	
Cr. Lutershha	1 millions
	n,housessand
Durstion)	yre mos de.
Contributory Atteno	Selsoron
Secondary	
(Dyration)	yra mos. de,
(Signed) Dures /	unces MA
File 9th 193 O (Address) Chin	afoles and
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hosp ients or Recent Residents)	itals, Institutions, Trans-
At place of deathyrsmosds. In the	e .teyrsmosds,
Where was disesse contracted, if not at place of dea.h?	ppp
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer. Balto.	Feb. II 1930
20 UNDERTAKER	ADDRESS
B. L. Hopping.	Annapolis. Mo

If more bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure, macunings, "Shock," "Shock," "Shock," "Shock," "Than a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephrilis, approved by Committee on American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M

DÉ

PLACE OF DEATH	STATE OF MARYLAND
County A.A.	CERTIFICATE OF DEATH
	Registration Dist. No. 2.2
Village or City Jessup, Md. (No.	L. House Consistion Ward) (If death occurred in a hospital or institu-
2FULL NAME S.Cleveland Burk	tion, give Ite NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Widowed. White Write the word)	16 DATE OF DEATH April 25th. 1930
Glonth) (Day) (Year)	April 4, 19230 to April 25, 192 30 that I last saw him alive on April 25 192 30 10 05P
7 AGE If LESS than I day hrs. mos. dis. or min.?	and that death occurred on the dute stated above, at 10.05Pm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Secondary (Duration) (Duration) (Signed) April 25,99230 (Address) Laurel, Md.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death
(Internant) had Home of Correction (Address) Jessup Mod. Filed Price 26 1930 logges M. Hoasley	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLDREAMS port Cemeter Md. Cefrel 28, 19 B.D. 20 UNDERTAKER ADDRESS Willensburk Ma
If more branks are needed, addross State Registrar	, 16 W. Saratoga St., Balto, Roquesting V. S. No. 1.

02009 STATE OF MARYLAND CERTIFICATE OF DEATH

WEDICAL CERTIFICATE OF DEATH
April 25th. 1930 , 192 (Month) (Pay) (Year)
April 4, 19230 to April 25, 192 30 that I last saw h im alive on April 25 , 192 30 and that death occurred on the date stated above, at 10.05P in.
The CAUSE OF DEATH * was as follows:
Chrine Interior Institution and
Myraudita (Duratioa) / yrs / Fries de.
Contributory Secondary
(Signed) 73 fccc) M.D. April 25,9230 (Address) Laurel, Md.
*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
At place of death yrs. mos. 21ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence
Welliams port Cemeley Md. Ceprel 28. 19 B.D
20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state oecupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) (recery, Spinner, (b) Automobile factory. The payterial should be used only when needed. As examples: (a) fulness of various pursuits can be known. en at home, who are engaged in the duties of the additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of whatever, write None. business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken mork, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House* er," etc., Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary farman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on ms). without more precise specification as Day Compositor, For persons who have no oecupation Architect, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> tetunus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-hamicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debinoy" "Hear" "Marasmus," "Marasmus," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (seeondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. taken. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all Chronic interstitud nephritis, inges, peritonaeum, etc., Carcinoma, Sarcomo,, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic " "Old Age," "Shock," valrulor heart etc. The contributory Nomenclature of the disease,

If this certificate is looked over thoroughly and all quantions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the cartificate is permanently filed.

PLACE OF DEATH	07581 STATE OF MARYLAND
County (1 (1)	74-0 CERTIFICATE OF DEATH
I was adole Moral	Hychilal Registration Dist. No. 21
Village of City (No. 1)	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word	16 DATE OF DEATH July 2 (, 1930) (Month) 2 (, (Day) (93 (Year))
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h we alive on July 26, 1930
7 AGE	and that death occurred on the date stated above, at 5-44 Pm.
6/yrs. 2 mos. 8 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
Which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE (State or country) annotation on	Contributory Secondary (Durstion) 3 yrs mos de
10 NAME OF FATHER OF Burno	(Signed) L. R. Newhouse M. D.
U BIRTHPLACE OF FATHER (State or country) (State or country)	(State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Catherine Hoben	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Julia Hoban	Former or usual residence
(Address) 9 martin of amofile	Mary 9 Date of Burial OR REMOVAL DATE OF BURIAL July 29, 19
File 1 2 8 19230 froyle (. f - her Tack	20 UNDERTAKER HOPPINS amapolis
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Barto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrbage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY " "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. affection need not be valvular heart disease; Nomenclature of the The contributory

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S. No. 1

	PLACE OF DEATH County Crue Ormoles	06382	STATE OF M CERTIFICATE Registration E	OF DEATH
Vill	age or City Hanover (No	etter	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
35	A COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	June (Month)	(Day) (Year)
6 D	ATE OF BIRTH (Month) (Day) (Year)	31.	CERTIFY, That I atte	
7 A	GE	The CAUSE OF DEA	rred on the date stated TH * was as follows,	abovo, at 9 32 m.
P (t	CCUPATION articular kind of work b) General nature of industry usiness, or establishment in hich employed or (employer)	Mules	(Duration)	vis. S. mos. ds.
-	(State or country) ame arundel to. My	Contributory Secondary	(Duration)	yes. 22 mgs do.
TS	10 NAME OF FATHER Harry Henry Butter 11 BIRTHPLACE OF FATHER		O (Address) El	M. D.
ARENT	(State or country) Howard Co Md. 12 MAIDEN NAME OF MOTHER Raphal Burley.	Accidental, Suicidal	SIDENCE (For Hospit	ury and (2) Whether
	13 BIRTHPLACE OF MOTHER (State or Country) Aune armdel & M.	At place of death yrs	mosds. In the	yrsda.
14	(Informant) Harry H. Butly Fall	if not at place of des	AL OR REMOVAL	DATE OF BURIAL
	(Address) Havour my	Selen Parelin	El Cuysi	Jun 22. 1930
15	Filed Kine 9 1930 Dang M Hashef	20 UNDERTAKER	7 ish	James Ma
	If more branks are needed, address State Registra	r, 16 W. Saratoga St.,	Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day business, that fact may be indicated thus; Furner (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Wom-(6) The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fewer* (the only definite synonym is *Epidemic cerebrospinal meningitis"); Diphtheria avoid use of *Crup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary) Whooping cough; tetanus) may be stated under the head of "contributory." State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e: g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, Chronic valvular hcart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balte., Requesting V. S. No. 1.

(If death occurred in

street

a hospital or institu-

"tend of

(Day)

DATE OF BURIAL

aumber.)

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. ti ed 6 yrs.). business, that fact may be indicated thun: Farmer or given up on account of the DISEASE CAUSING DEATH; House maid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the oee pations ployed, as At *chool or At home. Cure should be taken definite salary), may be entered as Housewife, Houseiousehold only (not pald Housekeepers who receive a ene at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer.", etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a. litional line is provided for the latter statement; it n ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed of persous en-The material But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Corcbrospind to time and causation), using always the same accept. EASE CAUSING DEATH (the primary affection with respect, Lobar pneumonia, Bronchopneumonia ("Pneumonia." Typhoid fever (never report "Typhoid pueumonia"); fever (the only definite sphonym is "Epidemic cerebro" statement of Cause of Death-Name, first, the bis,

> ment of cause of death approved by ('ommittee on Nomenclature of the American Medical Association.) head of "contributory." and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal seplicaemia." "Puerperal peritonitis," diseases resuiting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." symptomatic), "Atrophy," "Collapse," condition: such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms): Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. quences (e. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such. If impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weekness." etc., when a definite disease causing death). 29 ds.; Bronchopnenmonia unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by curbal's asid-probably suicide. The na-Examples: Accidental drowning; Struck vulsions," (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; .. (name orlgin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), (Recommendations on state-Example: Mensles "Heart failure." "Haemor-The contributory "Coma," "Conby railway (second-(disease (merely not be

ence. All the data 's essential and must be obtained before the certificate is permanently filed tions answered in detail, it will prevent further correspond If this certificate is ly ked over thoroughly and all ques-

V. S. No. 1

WRITE LINE, WITH UNFADING INK-THIS IS A PERMANENT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
LINE, V	Information state CA
WRITE	N. BEvery Item of CIANS should statement of C

PLACE OF DEATH	STATE OF MARYLAND
County WWW WWW.	© CERTIFICATE OF DEATH
(A)	Registration Dist. No.
Village or City his of (No	St.: Ward) (If death occurred in a hospital or institu-
5,,	tion, give its NAME in- stead of street and
2FULL NAME Meaning	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH NOD 27 1930	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Maransen al Funda.
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrsmosde.
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryand	Durstion) yrs mos de.
10 NAME OF FATHER SUREY	(Signed) M.D.
M II BIRTHPLACE	
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Councilla forces	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Colward Stuller	Former or usual residence
(informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Home of du Duller 19
Filed 1222 1920 VID Clay lov.	Sward Chiller Kriedel.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	Med

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Furmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reworked on may form part of the second statement Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always quality all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PERSONAL AND STATISTICAL PARTICULARS						
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			tva	(Mon	th)	(Day)	, 1 (Y
-	AGE						If LESS
7	occu (a) Tr partice (b) Ge	nlar kin eneral n es, or e	ofession of of we stablish	or ork <u>Coa</u>		20 d	s. or
)	occu (a) Troparticu (b) Gousine which	ade, prolar kin eneral n es, or e	ofession of of we sature of stablishinged or (e	or COM	1 D	ealer.	s. or
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5	occu (a) Troparticu (b) Geousine which (Sta	rade, properties, or employ IPLACE to or co NAME C ATHER IRTHPL	ofession of of we ature of stablishing or (equatry)	or Coa findustry ment in imployer) Bal	to.	nd.	s. or
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07582

STATE OF MARYLAND CERTIFICATE OF DEATH

6th

(Year)

IIf LESS the

If more bianks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No. 25

Ward) (If death occurred in

• • • •	a hospital er institu- tion, give its NAME in- steed of etreet and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 20 , 1930 (Year)
~60	17 HEREBY CERTIFY, That I attended the deceased from 18 1930 to 20, 1930
••	that last say h I Malive on welly 20 , 1930
n	and that death occured on the date stated bove, at 7:30 A m.
8.	The CAUSE OF DEATH * was as follows:
.5	Cerebral Hemonhage
	(Durstion)yrs
-	Contributory Esplanstion
	(Signed) (Digition) yrs mos 2 is.
_	July 21.193 0 (Address) 1644 Hanover St
	*Suite the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Sulcidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place In the of death yrsmosds. Stateyrsmos ds.
-	Where was disease contracted, if not at place of death?
	Former or usual zesidence
	ME Olive bern July 23. 1930
M.	20 UNDERTAKER JADDRESS JADDRESS

'(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of cupation is very important, so that the relative health. whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day hiborer Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oeor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Housemuid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Poreman, For many occupations a single word or term on or (b) Cotton mill; (a) Salesman. (b) Grocery; инап, (b) Automobile fuctory. The material that fact may be indicated thus; Farmer (re-At Home, and children, not gainfully em-For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros in all meningitis"; Disphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinonua, Sarcoma, etc., of American Medical Association.) approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undereausing (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, can be ascertained as the cause. Always qualify all Whooping Examples: Accidental drouming; Struck by radway train— (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage by Committee on cough; Chronic and consequences (e. g., sepsis, etc. The valuation heart Nomenclature of the eontributory Mensles; descuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

200 Z Exact

PLACE OF DEATH County Americal Village or City Brosslyn RNoTD 2FULL NAME Boly Cager	St.: Ward) St.: Ward) St.: Ward) (If death eccurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from 192 to 192, that I last saw h live on 192,
7 AGE If LESS than I day hrs. mos. ds. or min.}	and that death occured on the date stated above, at
S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yre moe de.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) *State the Discase Causing Violent Caus s, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Cara Carter	Former or usual residence 19 PLACE OF BUBIAL OF REMOVAL DATE OF BURIAL

ADDRESS.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

29 MADERTAKER

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of f liness of various pursuits can be known. The quescipition is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, er," etc., without more precise specification as Day worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. But in many en at home, w Mever return 'Laborer," "Foreman," "Manager," "Deal-Physician, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only t paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm Uborer, Compositor, Architect, Locomotive (b) Automobile factory. The material are engaged in the duties of the Laborer-Coal mine, etc. Wom-(b) cngineer, Grecery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" inges, peritonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "PJERPERAL seplicuemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite dicease approved by Committee on Nomenclature letanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, cough; for malignant neoplasms); Measles; Chronic etc. valeular heart disease; The Sarcoma,, etc., of contributory

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No.

22

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	PLACE OF DEATH	
	County a. A.	(1
Vil	llage or City Lothuin (No.	
	2FULL NAME anna	asto
	PERSONAL AND STATISTICAL PARTICUL	ARS
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIBOWED. OR DIVORCED	
6 1	female negro (Write_the_word)	
		, 193°
7 /		fLESS than I day hrs. or min.?
N. A.	b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	9 8 15 \$1000
	10 NAME OF FATHER William Calver	t -
NTS	11 BIRTHPLACE OF FATHER (Stato or country) Washington,	300
PARE	12 MAIDEN NAME OF MOTHER Elizabeth East	
	OF MOTHER (State or Country) A. A. Crun	ty -
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE	OGE
	(Informant) Charles Gaston	
	(Address) Lothian, ind.	
15	Filed Oct 18 1990 119, Cla	-
	Filed 1920 They bray	Registras

12855

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

Calvert, Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH CENT 17	20
October (Moneh) 1	
17 I HEREBY CERTIFY. That I att	ended the deceased from
Oct 17, 1930. to 6	reb (7, 192, 0,
that I last saw h. W. alive on	(7, 192 0,
and that death occurred on the date stated	above, at P. m.
The CAUSE OF DEATH * was as follows:	
~	
Lastroedon't's dwg.	
(P :)	1
Contributory Malust	
Contributory Secondary	
(Duration)	yrsds.
(Signed) - Emily C. Has	
Cect 18, 1930 (Address) Lol	hear, and
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
At place of deathyrsmosds. In the	eds.
Where was disesse contracted, if not at place of dea h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
seed from.	10/19,120
20 UNDERTAKED	ADDRESS
(Transles Cheston	Xo Mlau.

strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more relative record mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The materia additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrossinal meningitis"); Diphlheria (avoid use of "Croup"); sinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

"E:haustion," "Heart lauure, Lacuvillage," "Shock," "Old Age, " "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, approved by Committee on accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature

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9. S. No. 1

Z

PLACE OF DEATH County Anne Bundal	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Danvel (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED MARRIE OR DIVORCED (Write the word) 6 DATE OF BIRTH AUF UN 187	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from 23 1920. to 25 1920.
(Month) (Day) (Year Property of the Control of the	and that death occured on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Monylcust	Contributory Secondary (Duration) yrs mos d
10 NAME OF FATHER SCIENT PROPERTY OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER FACILIE FOR MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) (State or country) 14 Mayland	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. de State yrs mos de
(Informant) (Address) (Address) (Address) (Address) (Address) (Address)	Where was disease contracted, if not et place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS ADDRESS

ard needed, address State Registrar, 16 W. Saratoga St., Baite., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a) fulness of various pursuits can be known. The questired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. II the occupation has been changed gaged in domestic service for wages, as Nervant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second streement. Never return 'Laborer," "Foreman," "Manager." Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None household only (not paid Housekeepers who receive a report specifically the occupations of Foreman, For many occupations a single word or term on or At Home, and children, not gainfully eni-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation (b) Automobile Stationary froman, etc. Salesman, factory. The materia Locomotive engineer, But in many (b) persons en-Grocery;

Statement of Cause of Death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synchym is "Epidemic cercbrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

74

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Urnemia, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinonu, Sarconu,, etc., of telanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e. g., sepais, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head homeicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, Committee on Chronic vulvular heart disease, ucphrilis, etc. The contributory Nomenclature The contributory

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1PLACE	OF DEATH		
County A	ine Arundel	10000000000000000000000000000000000000	
llage or City	Crown svill	e State	Hospita
²FUI	L NAME	Ava	Camper
PERSON	AL AND STATIST	ICAL PARTIC	CULARS
SEX	4 COLOR OR RACE	SSINGLE, SE	eparated
female	black	WIDOWED. OR DIVORC (Writs the wo	ED
DATE OF BIR	тн		
	Tinlenown		905

Vi

3

6

7 AGE

PARENTS

15

Filed

8 OCCUPATION
(a) Trade, profession or

(State or country)

FATHER

(Informant)

particular kind of work

(b) General nature of industry business, or establishment in

which employed or (employer)

nstructions on back

6099

(31)

State Hospital

905

(Year)

If LESS than I day hrs

(Day)

Domestic

(Month)

25 yrs. unknown

STATE OF MARYLAND

Ward)

ERTIFICATI	E O	FD	EATH	ł
Registration	Dist.	No.	21	

(If death occurred in

	tion, give its NAME is stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Jenuary 24th , 192 30
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	July 9th 1929 to January 24, 19230
	that I last saw h er alive on January 24 192 30
1	and that death occurred on the date stated above, at 12:55P m.
	The CAUSE OF DEATH * was as follows:
ļ	Pulmonary tuberculssis

	10-011111110-00110-0017
	(Duration) vie 2 mos de
	Contributory Secondary
	(Duranton) 2 yrs mos de.
	(Signed 1995 M. D.
i	
	Jan 24 192 30Address) Crownsville, Vd.
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place 0 6 mos. 15. In the Lifetime ds.
	Where was disease contracted, if not at place of death?
	Former or usual residence Talbot County, Maryland
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	2005/ m my, fum 77, 1930
	O UNDERTAKER ADDRESS
1	M. G. Kerman Jan. Es Tom hay

Maryland 10 NAME OF Charles Clayton 11 BIRTHPLACE OF FATHER Maryland (State or country) 12 MAIDEN NAME OF MOTHER Sarah ? 13 BIRTHPLACE OF MOTHER Maryland (State or Country) TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE Hospital Records Crownsville, Maryla (Addreas) C Registrar If more branks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. σģ

Admitted July 9, 1929 Deed January 24, 1930

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeation as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always quality all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. y classificate. Ward Esnaed Leky Coutter PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 2 3 SEX 16 DATE OF DEATH MARRIED, 00 WIDOWED OR DIVORCED may HEREBY CERTIFY, That I attended the 6 DATE OF BIRTH (Month) IfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: min.? B OCCUPATION (a) Trade, profession or lain Sc particular kind of work (b) General nature of industry d business, or establishment in UNFADING which employed or (employer) 9 BIRTHPLACE Secondary (State or country) be EA 10 NAME OF (Signe FATHER 0 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether FNH SO (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-< OA ients or Recent Residents) 13 BIRTHPLACE At place of deathyrs.....mos......ds, In the et. OF MOTHER (State or country) 0 0 Where was disease contracted, if not at place of death? shoul Every Item CIANS sho statement Former or usual residence (Informant) PLACE OF BURIAL OR REMOVAL (Address) 20 If more bianks are needed, address State Registrar, 16 W. Saratora St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospit d or Institution, give Its NAME i -

stead of street and

DATE OF BURIAL

number.)

BINDING

ERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the to report specifically the occupations of persons enstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremon, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Compositor, Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal maningitis"): Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure,
"Yold Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," stated unless important. Example: Measles (disease use of "Tumor" for inalignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (secondar, or intercurrent) affection need American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvulur heart discuse; The Always qualify all contributory not be

V. S. No. 1

certificate.

See instructions on back of

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	PLACE OF DE	undel			
Vil	llage or CityCY			e Hospit S. Care	
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	
	sex 4 cold	OK OK KACE	SINGLE, MARRIED, WIDOWED. OR DIVORC (Write the we	single	
6 1	DATE OF BIRTH	Unknown (Month)	(Day)	, 1 881 (Year)	
7 4	GE 49	yrs, unknom		If LESS than	s.
() () (b)	Trade, profession articular kind of wor b) General nature of usiness, or establishm which employed or (en SIRTHPLACE (State or country)	industry nent in nployer)			
	(State or country)	Marylan	.d		-
	FATHER 1) BIRTHPLACE	Unkno wn			-
RENTS	OF FATHER (State or country)	Unknown			
PARE	12 MAIDEN NAME OF MOTHER	Unknown			-
	13 BIRTHPLACE OF MOTHER (State or Country)	Unknown			

0100 STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. 21

(If death occurred in a hospital or institu-tion, give its NAME is-steed of street and

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
January 20 , 19230
(Month) (Year)(Year)
17 I HEREBY CERTIFY, That I attended the deceased from
July 9th 1925. to January 20, 19230
that I last sew him alive on January 20 , 192 30
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
Myocardial insufficiency with
mitral regurgitation
O
(Duration) yrs. mos. ds.
Contributory Chronic interstitial
Secondary
yation yu. mos.
(Signed) 1 6 3 M. D.
Wan. 20 30 Address Crownsville, Md.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
ients or Recent Residents)
At place 14 6 mos. 11 ds. In the State Ide of the ds.
Where was disease contracted, if not at place of deah?
Former or usual residence Baltimore City: Maryland
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
get allower lengen. El. 1.38
20 UNDERTAKER ADDRESS 3 4
mis Malle Welling 1 Schroe

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material Locomotive engineer, 6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mcningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

S No. 1

PLACE OF DEATH County 6	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. 2
Village or City Rulesson: (No. md.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PART CULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Cof. Single. Married OR DIVORCED (Write the word)	16 DATE OF DEATH 25-13, 1993 O (Month) (Day) (Year)
Day) (Year)	17 IMEREBY CERTURY, That I attended the decease from 1930, to 1930, that I last saw h & alive on Last 24, 1930,
7 AGE 3 2 yrs. 4 mos. 14 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Julmony
business, or establishment in which employed or (employer)	Contributory Contributory Secondary
10 NAME OF FATHER James Morgan,	(Signed) (Address) Carloure
OF FATHER (State or country) 12 MAIDEN NAME (A) 12 MAIDEN NAME (A)	*State the lisease Carting Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Translate OF MOTHER	18 LINGTH OF RESIDENCE (For liospitals, Institutions, Trunsients or Recent Residents) At place In the State yrs
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Welliam Can: (Address) Roleis an ma.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A C LIVE 18 1930
15 Filed Sypt. 26 1930 Z.a. Boin W. A. Registras	Bhas & Hicks & annapolis
If more blanks are needed, addre.s tate Registrar	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, ," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Salesman, Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, inges, perilonacum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease Example: Measles (disease etc. The contributory

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WRITE PLANLY, WITH UNFADING INKTHIS IS A PERMANENT RECORD	NS I
_	Every item of information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classific statement of OCCUPATION is very important. See instructions on back of certificate.
	- 47

PLA	CE OF	DEATH	
County	Anne	Arundel	*********

Village or City

female

8 OCCUPATION

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST

(Informant

Filed

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

6 DATE OF BIRTH

3 SEX

7 AGE

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07583 STATE OF MARYLAND

lf more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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		D				. 41	0.00	D	101	No		2	6

	Registration Dist. No.
e or City Crownsville(NState Hos	St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH JULY 1 St
E OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
***************************************	88 June 12 1920 to July 1st ,19230 ear) that I last saw h er alive on July 1st , 19230
42 yrs. unknown ds. or	hrs. The CAUSE OF DEATH * was as follows:
UPATION Frade, profession or cular kind of work General nature of industry ness, or establishment in h employed or (employer)	(Duration) Unknown mos ds.
THPLACE (state or country) Maryland	Contributory Secondary
NAME OF BUCK Carr	(Signed) PG/ X / M/ENDLM. D.
OF FATHER Maryland (State or country)	*State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sis ?	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of death yrs mos 19 ds. In the State Tire times de.
ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Informant Hospital Records	Former or usual residence Baltimore City Naryland 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Crownsville, Maryland	Mtallan Baltimore 7/3 , 130
led July 2 1930 Of Joyc	20 UNDERTAKER ABDRESS 9/6 Penna ase

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Househeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manuger," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Sulesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-6 yrs). For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neceswithout more precise specification as Day For persons (a) the kind of work and also (b) the who have no occupation not gainfully em-(6) Grocery,

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V. 8 No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County (11. (U. Co	CERTIFICATE OF DEATH
		Registration Dist. No. 27
	Village or City Conapolio (No. 62)	all all and an
5	vinage of City Atanana (No. 3	St.: Ward) a hospital or institu- tion, give its NAME is -
20	2FULL NAME Decalau	stend of street and number.)
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH /0-29, 19230
	WIDOWED. OR DIVORCED (Write the word)	
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
5	The Daniel	Jan. 1st 19278 to Oct. 29th, 19230
	(Month) (Day) (Year)	that I last saw h la alive on Dot 25 , 19220
	7 AGE Cheux IIILESS than	and that death occurred on the date stated above, at
	l dayhrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.}	
	(a) Trade, profession or	Managetta
	particular kind of work (b) General nature of industry	Myourus
	business, or establishment in which employed or (employer)	(Duration) g f vrs. f mos g de.
	9 BIRTHPLACE	Contributory Chronic Physiks
	(State or country)	Quration vra mon de.
	10 NAME OF FATHER	(Signed) . Cuspell M. D.
	11 BIRTHPLACE	10 30 1930 (Address) Easthar
	OF FATHER	*State the Lisease Csusing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whother
	W	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents) At place fn the
	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	R Boote	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 4/0. fight St. Casibor	Unnapolis, neck 110 - 2, 1,30
	15 Filed Oct 30 19230 Joy 6 c. Inches	20 UNDERTAKER ADDRESS THE SHAPE OF THE SHAPE
	Filed 94 50 1925 Gestar	phaso thes fr. Composition
1	If more blanks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.
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(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to eich and every person, irrespective ci tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Syphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved as fracture of skull, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. valvular heart disease; The contributory Measles;

V. S. No. 1

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1PLACE OF DEATH	106384 STATE OF MARYLAND
County (-	GERTIFICATE OF DEATH
0 70 1 070 6	Registration Dist. No. 21
Village or City Oast 101 (No. 27)	MEHEN COVE St. Ward) (If death occurred in a hospital or institution, give its NAME is
2FULL NAME A NAMES Q Qu	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Widows, OR DIVORCED (Write the word)	16 DATE OF SEATH 2 , 1920 (Month) (Day) (Year)
6 DATE OF BIRTH L (Month) (Day) (Year)	that I last saw humaliva on June 7, 1927,
7 AGE [If LESS than	and that death occurred on the date stated above, at 6 1 30 Am.
1 dayhrs.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Outgrio-seferous, potont two years.
(a) Trade, profession or Aparticular kind of work	Vende North
(b) General nature of industry business, or establishment in	(Melanout - 1)
which employed or (employer)	(Duration) To mos de.
9 BIRTHPLACE (State or country) South River a, a, Co	Coffributory Secondary (Durstion) Jyrs Jnos de.
10 NAME OF FATHER UN KNOWN	(Signed) Chubrose flereea M.D.
OF FATHER (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Gallis Carroll	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) South River Hid	At place of deathyrsmosds. Stateyrsmosds. Where was diaease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) VEwlon Carroll	usual readence
(Address) 279 Charler ave	John Wesly Cent 6 29, 1930
15 Files Here 28 1925 of Frey 4 C. Registras	E H13 Parker 47 Wash-85
If more blanks are needed, addres State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as vuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. Foreman, (b) For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, neer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

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į	CORD	should be stated EXACTLY, PHYSI- it may be properly classifled. Exact
9	VENT	be stated
SINDING	PERMANENT	should k

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 27 St.: Ward) St.: Ward) MEDICAL CERTIFICATE OF DEATH OF DE
St.: Ward) a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH OF DEATH OF DEATH OF MONTH (Month) (Year) I HEREBY CERTIFY, That I strended the deceased from
MEDICAL CERTIFICATE OF DEATH OF DEATH OF DEATH OF MORTH (Month) (Month) (Year) (HEREBY CERTIFY, That I stended the deceased from
Month (Year) (Year) (Year) I HEREBY CERTIFY, That I seemed the deceased from
(Month) (Year) (Year) I HEREBY CERTIFY, That I attended the deceased from
I HEREBY CERTIFY, That I attended the deceased from
la 24 1924 to flere 3 , 1524, saw h malive on flere 3 , 1924,
E-OF DEATH * was as follows:
(Duration) yrs, (mos ds, utory dary (Dwstion) yrs mos ds,
(Durstion) yrs mos ds. (Durstion) yrs mos ds. (Library Augustus M. D. 1921 (Address) Leath, or, in deaths from Causes, state (1) Means of Injury and (2) Whether al, Suicidal or Homicidal.
H OF RESIDENCE (For Hospitals, Institutions, Trans-
Recent Residents) In the State yrs mos ds,
of Burial or Removal Date of Burial Bluff June 5th 1930, 19
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V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation But in many (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need valvular heart disease; not be

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PLACE	OF	DEATH

County

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STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City CPOCKE VI (No	tlon, give its	curred in r institu- NAME in-
PERSONAL AND STATISTICAL PARTI		
Penale black 5 SINGLE, MARRIED. WIDOWED, OR DIVORG (Write the w	ED, I	19270
6 DATE OF BIRTH Unknown (Month) (Day)	17 I HEREBY CERTIFY, That I attended the december, 30 1927. to July 16th	, 1923.,
(Month) (Day) 7 AGE 39 yrs. Whiteholder with the second control of	If LESS than and that death occurred on the date stated above, at 6.1 lday	0.4 m.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Signor) (Duration) (Duration)	de.
FATHER UNKNOWN II BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME OF MOTHER UNKNOWN	*State the Disease Causing Death, or, in death Violent Causes, state (1) Means of Injury and (2) Vaccidental, Suicidal or Homicidal.	
12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institution ients or Recent Residents) At place 2 yrs 7 mos 2 ds. In the State yrs in	
(Informent) Hospisel Accom	Former or usual residence BELLIMORE CITY LERVIER 19 PLACE OF BURIAL OR REMOVAL DATE OF B Mount allan 7-18 20 UNDERTAKER ADDRESS	URIAL 38
20	s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	rul_

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Callan mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nanc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Caok, ployed, as At school, or At home. Care should be taken wark, definite salary), may be entered as Hausewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Fareman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., or At Hame, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). Farm labarer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the single word or term on (b) Gracery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to 1 for the same disease. Examples: ('erebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumonia, Branchapneumonia ("Pneumonia,"

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tived 6 yes. For persons who have no occupation or give. House may l. etc. gaged in Jomestic service for wages, as Servant, Cook, ployed, as Al rehool or At home. Care should be taken work. or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a !difformal line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of "Latever, write None. to report specifically the occ pations of persons enworked on may form part of the second statement (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., TO OH ACCOUNT Of the DISEASE CAUSING DEATH. without more precise specification as stion at beginning of illness. If retired from If the occupation has been changed The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Bpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e.g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conse-"Puerperal septicuenda." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus." "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. train-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by curbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MICANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Chronic valvular (Recommendations on state-Example: Mcastes (disease heart disease; (second-(merely

V. S. No. 1

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County County County	06380 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 25
Village or City turnend 19. Vacl 2FULL NAME Louisa Ca	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH LINE 16 , 130 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, The I attended the deceased from 1930 to 1930 that I last saw here alive on the same 15 , 1930,
7 AGE 64 yrs. mos. ds. or min.?	
a occupation (a) Trade, profession or particular kind of work	Clerky
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Ferlessen + Cordinaterlass
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) M. D. (Signed) M. D. *State the Disease Causing Death, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the State
(Informant) IM Cuts (Address) Hanaa Rd.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LINE SURVINGENCE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LINE SURVINGENCE 19 DATE OF BURIAL
Filed June 18 1930 Chas, H. Brooke, M. Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state oeeupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer Weor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Preeise statement of oc-Physician, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and ehildren, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Compositor, Architect, Locomotive engineer, For persons who have no occupation Laborer--Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature as fraeture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. (seeondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease chopneumonia (secondary) etc. The contributory affection need valvular heart disease; not be

Instructions

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1PLACE OF DEATH

County Anne Arundel

13481

STATE OF MARYLAND CERTIFICATE OF DEATH

(113)

Registration Dist. No. 2I

Village o	city Solley 2FULL NAME Melvi		St.: Ward	(If death occurred in a hospital or institution, give its NAME is steed of street and number.)
PE	RSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
ale	4 color or race	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH NOVEMber (Month)	
6 DATE C		(Day) (Year)	I HEREBY CERTIFY, That I at	tended the deceased from
B OCCUP		nos. 25 ds. or min.	The CAUSE OF DEATH * was as follows:	
particula (b) Gen business which e	de, profession or ar kind of work		Contributory Secondary (Duration)	yrsds,
FA	THER Melvin Ca	arter	(Signed) Z. E. C. C. T. III-I5 1930 (Address) Pasa	denz, Md,
OF (S	State or country)		*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from ajury and (2) Whether
OF 13 Bi OF	MOTHER Lauretta RTHPLACE MOTHER State or Country) BOVE IS TRUE TO THE BEST		18 LENGTH OF RESIDENCE (For Hospi ients or Recent Residents) At place of death	e .teyrsmosds
	Lauretta		Former or usual residence	
	(Address) Salle:	7	19 PLACE OF BURIAL OR REMOVAL Marley Neck Cemetery	DATE OF BURIAL II-I7, 19 30
	11-15 1000		20 UNDERTAKER Oliver Brady	ADDRESS Solley, Md.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospeal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness, Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory ," etc., when a definite disease

S. No. 1

(Month) (Day) (Ye 7 AGE 22? yrs. unknown ds. lfLESS l day or m B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ROMAN Lyles, step	Unknown , 1908 (Month) (Day) (Year) Wyrs. unknown ds. or min.) The or Housework of industry himent in employer) Maryland Roman Lyles, step Tather Depsey Ziegler	Vil	lage or City		***************************************	(No	
Female black or BIRTH Unknown (Month) (Day) TAGE 22? yrs. unknown ds. or make black	Unknown , 1908 (Month) (Day) (Year) Unknown ds. (Year) Yyrs. unknown ds. or min.) on or Housework of industry hment in employer) Maryland Roman Lyles, step father Depsey Ziegler y) Maryland Raryland						
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FATHER Roman Lyles, step	Depsey Ziegler Maryland DE TO THE BEST OF MY KNOWLEDGE		b) General na	ature of i	ndustry	***********	
UN II BIRTHPLACE OF FATHER (State or country)	Depsey Ziegler Maryland DE TO THE BEST OF MY KNOWLEDGE	16 v	which employe	ed or (em	ployer)	and	
	Depsey Ziegler y) Maryland DE TO THE BEST OF MY KNOWLEDGE	16 v	which employed BIRTHPLACE (State or cou	ed or (em	Maryl		s, step
of Mother Depsey Ziegler	E TO THE BEST OF MY KNOWLEDGE	9 6	Nhich employed BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHE (State or	ed or (empontry) F ACE ER country)	Maryl		s, step
- (State of County)		ARENTS	SIRTHPLACE (State or could be seen to co	ed or (emportry) F ACE ER country) NAME	Maryl Rom	an Lyle	Tather

STATE OF MARYLAND CERTIFICATE OF DEATH

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If more branks are needed, addre. Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registration Dist. No.

-	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in - stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 10th , 192 30
	(Month) (Day) (Year)
	March 20th 1920 to April 10th 19230
	that I last saw ICT alive on April 10th , 19230
	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
	Acute encephalitis
	(Duration) Unknown ds. Contributory Unknown Secondary Dominion Jie mos. ds. (Signed) 70 30 Crownsville Md.
3	
	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrs mos. 20 ds. In the Lifetime ds.
	Where was disease contracted, if not at place of dea.h?
	Former or usual residence Baltimore City, Maryland
	Date of Burial OR REMOVAL DATE OF BURIAL HOLE CO 4/12, 1930
	29 UNDERTAKER ADDRESS Dallo

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-(secondary or unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; intercurrent) affection need not be Chronic etc. valvular heart disease; Nomenclature of the The contributory

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PLACE OF DEATH County Anne Arundal	08881 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Jessup, (No. 2FULL NAME Howard Cashaw	Registration Dist. No. 22 (If death occurred in o hespitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a sex Vale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw has alive on the last saw ha
7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or barticular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos de
10 NAME OF FATHER IN BIRTHPLACE OF FATHER Z (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Puctules Med Hof C, (Address) Sessif	Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL CHEMY HOLE Aug 6, 19 3.
Filed Oug 6 1930 Clara Me Hashuf Registral If more branks are needed, address State Registral	20 UNDERTAKER 20 UNDERTAKER L. Marshall 10 UNDERTAKER 10 UNDER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples : (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken on at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. nature of the business or industry, and therefore an cupation is very important, so that the relative health whatever, write None. Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a loborer, worked on may form part of the second statement. Civil engineer, Stationary foreman, etc. But in many Physician, Statement of Occupation-Precise statement of oc-Never return 'Laborer." "Foreman," "Manager, report specifically the occupations of persons eneta., Foreman, For many occupations a single word or term on y78). Farm laborer, without more precise specification as Day Compositor, (6) For persons who have no occupation Automobile fectory. The materia Laborer-Architect, -Coul mine, etc. Wom-Locomolive (b) Grower . engineex

Statement of Cause of Death—Name, first, the Disbase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Iobar pneumonia. Branchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all or as probably such, if impossible to determine definitely tions, such as "Asthenia," "Anaemia" (merely symptom-* PUERPERAL septienemia," "PUERPERAL peritonitis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, utic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Meosles (disease inges, perilonaeum, etc., Carcinona, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troindiseases resulting from childbirth or miscarriage (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Mcasles unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping American Medical Association.) Never report mere symptoms or terminal condicough; Chronic affection need etc. The contributory valrulor Nomenclature of the heart not

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	=	S	statement of OCCUPATION is very important. See instructions on back of certificate.	i
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	20	T	3	
	M. Ber-Every item of Information should be carefully supplied. ACE should be stated EXACTL	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classif	1	
	Tours.		-	1

PLACE OF DEATH	STAT	E OF MARYLAND
County anne amadel		FICATE OF DEATH
The state of the s	N .	istration Dist. No. 20
le bil	Wes	
Village or City Hambrelle M No. 2FULL NAME Vinginia May late	St.:	Ward) (If death occurred in hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIF	FICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	CC // , 1930 onth) (Day) (Year)
6 DATE OF BIRTH		That I attended the deceased from
March 11 1915	Jept 1989.	to Ole 1 , 1936
(Month) (Day) (Year)	that I last saw h alive on	NV 30 , 1929,
7 AGE [If LESS than	and that death occurred on the	late stated above, at 100 m.
/ 5 yrs. 9 mos. ds or min.	The CAUSE OF DEATH * was as	follows:
B OCCUPATION (a) Trade, profession or AAA Charl	Julinina	y Inhuralise is
particular kind of work (b) General nature of industry		/
business, or establishment in	(Dur	ation) 2 yrs. mos ds.
which employed or (employer)	Contributory	
9 BIRTHPLACE (State or country) Many Land	Secondary	
I 10 NAME OF ON A		ration)yrsds.
FATHER () (atteston	(Signed)	M. D.
0 11 BIRTHPLACE	QCC12 198 d (Address)	upfer markens
OF FATHER (State or country)	*State the liscase Causi Violent Causes, state (1) Me Accidental, Suicidal or Homicidal.	ng Death, or, in deaths from ans of Injury and (2) Whether
of MOTHER IN DY SIAM	18 LENGTH OF RESIDENCE (F	or Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)	whoward my
OF MOTHER (State or Country) Dearyland	At place . yrs.// mos ds.	State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	ustol In d
11/1/1/1/1/	Former or usual residence Busines	ne m 1
(Informant) Edward Carreton	19 PLACE DF BURIAL OR REMO	
(Address) Dustal and	uet 3 ion	12/13,1930
15 Filed 12/14 1930 MM Claytor	2D UNDERTAKER	ADDRESS

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Howsemaid, etc. If the occupation has been changed household only (not paid Housekcepers who receive a Physician, Compositor, Architect, Locomotive engineer, " etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," "Inanition," "Marasmus," "Old Age," "Shook," Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakuess," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD KINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE P V. S. No. 1 N. B.

	PLACE OF DEATH	15463	STATE OF I	
		0 0	Registration 1	Dist. No. 21
Vill	age or City Eastpart (No.494 Se 2FULL NAME Leagl Wists. He	Juster - loh	St.: Ward)	(if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
3 5	Aule Who Single. Wille Who Single. Wilder Wilder Wilder (Write the word)		(Month)	(Day) (Year)
6 0	(Month) (Day) (Year)	Oct !	0 1930. to D	ended the deceased from 12 25, 1930,
7 A	If LESS than I day hrs. or min.?	and that death occurrence The CAUSE OF DEA	TH * was as follows:	labova, at 930 Pm.
1	a) Trade, profession or Family articular kind of work	Cr. Jut.	When	
Ь	b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory	There J	eligoses
9 8	(State or country) West River Mid	Secondary	(Durstion)	yrsds.
	10 NAME OF FATHER Mareen, budall wanny		V (Address) and	cof de me
ENTS	OF FATHER (State or country) Prince Ges . O. O.	*State the Violent Causes, Accidental, Suicids	Disease Causing Death state (1) Means of I l or Homicidal.	or, in deaths from njury and (2) Whether
PARE	OF MOTHER Ember In Gardiner.	18 LENGTH OF R	ESIDENCE (For Hosp	itals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) a _a. Co Mag	At place of deathyrs Where was disease co	ntracted	e iteyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of de	:ath?	9 0 0 0 9 9 9 9 9 9 9 9 1 2 3 7 7 7 7 7 7 8 9 8 9 9 7 7 9 9 7 9 9 9 9
	(Informant) Pichard & laharry (Address) Franklin St amotopolis (1)	usual residence	AL OR REMOVAL	Lee 27, 130
15	Filefre 27 1923/ fray 6 C. frage To	20 UNDERTAKER	opping	ADDRESS ANNUADOR
1	If more bianks are needed, address State Registra	ir, 16 W. Saratoga St.	Baito., Requesting V.	3, 110. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory



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V. S. No. 1

PLACE OF DEATH	U7526 STATE OF MARYLAND
County Q. Q.	CERTIFICATE OF DEATH
6 - +	(129) Registration Dist. No.
Village or City Gartfort (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in steed of street an
2FULL NAME Occurant	Chaney tion, give its NAME in steed of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Volite Single, Married. Wedower OF DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 (1 PEREBY CERTIFY, That) attended the deceased from
(Month) (Day) (Year)	that I last saw haive on Man 4 19231
7 AGE Of out byrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Trong U.S. Haurf Auge Chalen	(Duration) yrs. # mos. d
9 BIRTHPLACE (State or country) (7. C. C. 2014.	Contributory Secondary (Duration) yrs
10 NAME OF PLUE LEWOUN	(Bigney) frey b C. fry 4 M. I
OF FATHER (State or country) Meknerow	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mulerown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mullinerum	At place In the of deathyrsmos,ds. Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Aumal Classes	Former or usual residence
(Address) Comproseese and Califolis	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL PLLY 6, 1938
- 0 1 - 9	TO UNDERTAKER MADDRESS
Filed The 6 1920 Frey C Printer	John 19. Jag at Clementolis

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "('Exhaustion,') "('Heart Imme, ') "Old Age,') "Shock," "('Inanition,') "('Marasmus,') "(Old Age,') "Shock," "('Uraemia,') "(Weakness,') etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemornhage," Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory disease;

V. S. No. 1

N. B Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	statement of OCCUPATION is very important. See instructions on back of certificate.
of information	of OCCUPATION
N. BEvery item	statement

PLACE OF DEATH				06387 STATE OF MARYLAND					
County Arise Arundel			0	82)	CERTIFICATE OF DEATH				
						Regis	stration I	Dist. No.	21
Vil	lage or City ² FUI		(No	ard Payso	on Chapin	St::	Ward)	(If deeth a hospital tion, give steed of number.)	occurred or institute its NAME in street and
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH					
3 5	male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word	D		e 24th			, 192(Year)
6 DATE OF BIRTH				17 I HEREB	Y CERTIFY, T	hat I atte	ended the d	eceesed from	
	Jany. 29		, 1899	***************************************	192 t	o,	,,-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 192	
		(Month) (Day)	(Year)	that I last saw h	alive on	• • • • • • • • • • • • • • • • • • • •		, 192
7 A	GE 3I	4	mas 26 d	If LESS than I day hrs. s. or min.?	and that death occu			above, at	TY
8 (CCUPATION				Aggident	dnams	i sa er	NOVACO DES DESCRIPTO VACABLES O	
1) (1 b w	a) Trade, pro articular kind b) General na usiness, or ea	ofession or Labor d of work Labor ature of industry stablishment in ed or (employer)	ring work		Accident Contributory Secondary	(Durati	ion)	yrs	mosd
(p) (b w	OCCUPATION a) Trade, pro articular kine b) General n. usiness, or e- rhich employ- SIRTHPLACE (State or cot	ofession or Labor d of work Labor ature of industry stablishment in ed or (employer) untry) Rahway F	ring work	er	Contributory Secondary (Signed) Sleven	(Durati	tion)	yrs	mosd mosd r
ENTS 6	occupation a) Trade, proposed articular kinds b) General nousiness, or explicit employed (State or could be a	ofession or Labor d of work Labor ature of industry stablishment in ed or (employer) untry) Rahway F Edward ACE ER country)	ving work	er	Contributory Secondary (Signed) Seven June 24th	(Durati	tion)	orone:	mosd r M. I
9 6	occupation a) Trade, production and trade, p	ofession or Labor d of work Labor ature of industry stablishment in ed or (employer) Intry) Rahway F Edward ACE ER country) RAME	ving work Vm H.Full N.J. W.Chapin	er	Contributory Secondary (Signed) Sleven	(Duration (Durat	pasad Pasad Pasad Pasad	or, in deformer and (2)	mosd P M. I eaths from 2) Whether
RENTS 6 A GOOD	OCCUPATION a) Trade, properties of the control of t	ofession or Labor d of work Labor ature of industry stablishment in ed or (employer) untry) Rahway F Edward ACE ER country) RAME IER Unk	Vm H.Full N.J. W.Chapin	er	Contributory Secondary (Signed) Sleven June 24th *State the I Violent Causes, a Accidental, Suicidal 18 LENGTH OF RI ients or Recent R At place of death yrs	(Duration (Durat	Pasad [Death, as of Injury Hospit	or, in diury and (2	mosder
PARENTS 6 X 9 () d	OCCUPATION a) Trade, proposed articular kine b) General nausiness, or exhibit employ. BIRTHPLACE (State or cot 10 NAME OF FATHE (State or Cot 12 MAIDEN OF MOTH (State or Cot 12 MAIDEN OF MOTH (State or Cot 13 BIRTHPL OF MOTH (State or Cot 14 BIRTHPL OF MOTH (State or Cot 15 BIRTHPL OF MOTH (State or Cot 16 BIRTHPL OF MOTH (STATE OF MOTH	ofession or Labor ature of industry stablishment in ed or (employer) Intry) Rahway F Edward ACE ER Country) RACE IER Country	N.J. W.Chapin Cahway N.Chapin Cahway N.Chapin Cahway N.Chapin	J.	Contributory Secondary (Signed) *State the I Violent Causes, a Accidental, Suicidal 18 LENGTH OF RI ients or Recent R At place of death yre	(Duration (Durat	Pasad Death, ns of Inj	or, in definity and (2)	mosd mosd M. I caths from 2) Whether ctions, Tran
PARENTS 6 A 9 () d	DCCUPATION a) Trade, properties of the control of t	ofession or Labor ature of industry stablishment in ed or (employer) Intry) Rahway F Edward ACE ER Country) RACE IER Country	N.J. W.Chapin Cahway N.Chapin Cahway N.Chapin Cahway N.Chapin	J.	Contributory Secondary (Signed) *State the I Violent Causes, a Accidental, Suicidal 18 LENGTH OF RI ients or Recent R At place of death yre	(Duration (Durat	Pasad Death, as of Inj r Hospit In the State	or, in dejury and (2	mosd
PARENTS 6 A 9 () d	OCCUPATION a) Trade, pro- articular kine b) General n. usiness, or e- which employ- SIRTHPLACE (State or cot 10 NAME O FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH (State or THE ABOVE)	ofession or Labor ature of industry stablishment in ed or (employer) Intry) Rahway F Edward ACE ER Country) RACE IER Country	Vm H.Full N.J. W.Chapin Chapin Chapin Bronx Ri	J.	Contributory Secondary (Signed) *State the I Violent Causes, a Accidental, Suicidal 18 LENGTH OF RI ients or Recent R At place of death yre	(Duration (Durat	Pasad Death, as of Inj r Hospit In the State	or one: ena, Md or, in dejury and (2) als, Institu	mosd mosd M. I eaths from 2) Whether ations, Tranmosd
PARENTS 6	OCCUPATION a) Trade, properties of the control of t	ofession or Labor ature of industry stablishment in ed or (employer) Intry) Rahway F Edward ACE ER Country) NAME IER Unk ACE IER Country) IS TRUE TO THE BES	Vm H.Full N.J. W.Chapin Ahway N. Chapin Chapin Bronk Ri York Git	J.	Contributory Secondary (Signed) Seven June 24th *State the I Violent Causes, a Accidental, Suicidal 18 LENGTH OF RI ients or Recent R At place of death yrs	(Duration (Durat	Pasad Death, as of Inj r Hospit In the State	or one: ena, Md or, in dejury and (2) als, Institu	mosdd

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1

1		06388		
PLACE OF DEATH		00000	STATE OF M	IARYLAND
County a a		(122-P)	CERTIFICATE	OF DEATH
. 1	1. n		Registration D	ist. No. 21
Village or City annafolis (No. 7	l leha	pman	St.: Ward)	(If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICA	L CERTIFICATE O	F DEATH
Make View Strate Strate, Married, Widowed Or Divord (Write the w	CED CAOU-	Pary (24, 1930 (Day) 750 (Year)
6 DATE OF BIRTH	, 1857		1 1930.00 /2	nded the deceased from 23,19\$0
(Month) (Day)			ed on the date stated	"
12 yrs. 9 mos. 5		he CAUSE OF DEATH		
(a) Trade, profession or				***************************************
particular kind of work (b) General nature of industry		Yara	lyons	
business, or establishment in which employed or (employer)	****		(Duration)	yrede
9 BIRTHPLACE (State or country)	,	Contributory . Secondary	errhosis	of Leven
10 NAME OF Chiffeel VI	(Si	igned)	(Duration)	M. E
OF FATHER (State or country)	1	,	(Address). Season Causing Death, the (1) Means of Injury Homicidal.	or, in desths from ary and (2) Whether
12 MAIDEN NAME OF MOTHER Chikmon	18	LENGTH OF RES	DENCE (For Hospita	als, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Unfluous	of	t place death yrs	sds. In the State	yrsmosd
CRB D loke	WLEDGE if For	not at place of deathi		
(Address) HG Paulall	X Rosespher 0	PLACE OF BURIAL	or REMOVAL	DATE OF BURIAL
15 Filed Jun 26 1923 D Josep 4 C.	Registrar 20	UNDERTAKER A HOT	apring !	ADDRESS SILLE
If more bianks are needed, addre	s State Registrar, 10	6 W. Saratoga St. B.	Ito., Requesting V. S.	No. 1. 100

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. 6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhagc," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic etc. The contributory affection need valvular Always qualify al heart not be disease;

V. S. No. 1

	1 PLACE OF DEATH County Anne Abundel	07587 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or Cit Millers billers	91-F Registration Dist. No. 2
	Village or City West One (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME Is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	about / St., 1	I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h Jalive on 192
	7 AGE If LESS than I day hrs. mos ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH *, was as follows:
100	a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Orterio-sclerosis, Cw&R
7	9 BIRTHPLACE (State or country) Step bry Ralle M	Contributory Condays Contributory Condays Con
	10 NAME OF FATHER MODE JAMES TO STATE OF THE	(Signed) Clieby See Start M.D.
	OF FATHER (State or country) Land	*State the Disease Csusing Death, or, in deaths from Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF State or Country Of Resources	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tans- ients of Recent Residents) At place of death yrs, mos. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
	(Informant) (Address) / If Worth V	18 ALCE OF BURIAL OR REMOVAD DATE OF BURIAL
1	15 Filed 26. Registrar	20 UNBERTAKER APPORESS
1	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Luglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "E:haustion," "Heart lanure, "Shock," "Shock," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic valvular heart etc. The contributory affection need Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

properly classified of certificate. be stated in the property PERMANENT BINDING may be should on that it instructions C V FOR terms so supplied. -THIS MARGIN RESERVED See carefully (important. WITH UNFADING be EA should is is very information sl state CAUSE OCCUPATION i d state of CIANS should statement of C

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W	50	xac
	I	14
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PLACE OF DEATH County Anne Arundel 16083

STATE OF MARYLAND CERTIFICATE OF DEATH

(76)

Registration Dist. No. 21/

a.	L St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
-	16 DATE OF DEATH September 1st	109 30
	•	
=	17 I HEREBY CERTIFY, That I atte	(Day) (Year)
	August 19 1930 to Sept	
	that I last saw h er alive on Septen	nber 1 192.30
n	and that death occurred on the date stated a	bove, at 4:15P m
s.	The CAUSE OF DEATH * was as follows:	
.?	General Paralysis of th	ne Insane
-		April 2: 11 H
	0210120170-000-400-400-404-400-000-000-000-000-0	. 4
	***************************************	•••••••••••••••••••••••••••••••••••
	(Duration)	unknown de
	Contributory / Syphi	Na.
	Secondary	1
-	A Durange In	ankho wn. d.
	(Signary)	1210 SM. D
-	Sept. 1 192 30Address) Crowns	
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ary and (2) Whether
-	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ls, Institutions, Trans
	At place of death yrs	Lifetime d.
-	Where was disease contracted, if not at place of death?	
	Former or usual residence Baltimore City,	Maryland
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	Jul auburn Cem tall	- 9/3 , 1030
	20 UNDERTAKER	ADDRESS

Crownsville State Hospit Village or City Effie Chase **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, MARRIED, 4 COLOR OR RACE 3 SEX WIDOWED. Female black OR DIVORCED (Write the word) 6 DATE OF BIRTH Unknown (Month) (Day) IIf LESS tha 7 AGE I day hr 8 OCCUPATION (a) Trade, profession or Housework particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Maryland (State or country) 10 NAME OF FATHER Charles Abbott 11 BIRTHPLACE RENTS OF FATHER Maryland (State or country) 12 MAIDEN NAME Mary Queen OF MOTHER 4 13 BIRTHPLACE Maryland OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital Records (Informant)

Crownsville, Maryland

Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

15

(Address)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, business, that fact may be indicated thus; Farmer (feor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on 9 yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the LISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup)
Typhaid fever (never report "Typhoid Pneumonia";
Lobar pneumonia, Bronchopneumonia "Pneumonia,"

stated unless important. Example: Measles (disease inges, peritonueum, etc., Carcinoma, Sarcoma, etc., of approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonihis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic valvular heart disease; etc. The Always qualify all contributory

"If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

M ż

PL	ACE	OF	DE	EATH		
County.	Anı	10	Ar	und	el	

08882

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Village o	or City CRO	WNSVI	LLENSTAT	E HOSPI	TAL St.: Ward) (If death occurred in hospital or institu-
	2FULL NAME	J	oseph Ed	ward Ch	tion, give its NAME in-
PE	RSONAL AND ST	ATISTIC	CAL PARTICL	JLARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Mal	e Black	RACE	MARRIED, WIDOWED. OR DIVORCED (Write the word		16 DATE OF DEATHAugust 21, 1930 (Month) (Day) (Year)
unknown , 1874				, 1	August 5, 120 to August 21 ,1930, that I last saw h im alive on August 21 ,1930,
7 AGE	56 yrs.	(Month)	known de	(Year) (If LESS than I day hrs. or min.)	and that death occurred on the date stated above, at 8 a.m. The CAUSE OF DEATH * was as follows: Chronic Interstitial Nephritis
business which e 9 BIRTHE (State	e or country) AME OF				Contributory Chronic endocarditis Secondary Unknown (Staped) Orange Chronic Amos ds.
OF FATHER UNKNOWN					*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Liza Farrell					1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF	RTHPLACE MOTHER State or Country)	known			At place 6 0 16ds. In the State Life mos. ds. Where was disease contracted,
(Informant Hospital Records					former or Charles County usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Cr				Elymont my aug 23, 180
15 Filed	ang 22 1923	30 7	76 c. f	y a man	20 UNDERTAKER

If more branks are needed, address State Registrate, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reto report specifically the occupations of ; , etc., Foreman, (b) Automobile factory. The material For many occupations a yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation single word or term on -Coal mine, etc. Womnot gainfully em-(b) persons en-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by "Debility" ("Congenital," "Senile," "Exhaustion," "Heart failure," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be " "Marasmus, " "Old Age, " "Shock, Committee on Nomenclature Chronic valvular heart disease etc. The "," etc.), "Dropsy,",
"Haemorrhage," contributory

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

R. B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is year important. See instructions on back of certificate. CORD INCH, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE P

PLACE OF DEATH	12850 STATE OF MARYLAND
County Anna Hours	CERTIFICATE OF DEATH
10	74a Registration Dist. No. 20
Village or City Voltain (No.	St.: Ward) (If death occurred
2 FULL NAME alice Chatte	a hospital or institution, give its NAME in stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWE	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased fro
(Month) (Day) (Year)	that I last saw Landive on 1925.
7 AGE [If LESS tha	
G G yrs. mos. ds. or min.	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. Mass
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos
10 NAME OF Liked Cotten	(Signed) Charles Carry M.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER CLUKTURE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran- ionts or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs
(State or country) 14 THE ADOVENS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(1) to a col -	Former or
(info mant) " / law Culling	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Zollian. Uid	Union Chapel Bat 10, 1936
5 Citions wold to	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, ('ook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Mever return 'Laborer,'" (Foreman," "Manager," (Peal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc without more precise specification as Day For persons who have no occupation (b) Automobile Salesman. factory. The insterial Locomotive engineer, not gainfully em-(b) Grocery; Wom-

Stateme t of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); i.obar "pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasins); Measles, inges, perilonaeum, etc., Carcinouu, tclunus) may be stated under the head of "contributory "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tubcrculosis of lungs, mencarbolic acid-probably suicide. accident; Revolver wound of head - homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can he ascertained as the cause. Whooping approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepris, Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary) cough; 'Congenital," "Senile," Chronic Example: Measles (disease The nature of the injury, valeular heart disease, etc. The contributory Nomenclature ", " etc.), "Dropsy, ", "Haemorrhage, Always qualify all Sarcoma,. etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

13 193

S. No.

PLACE	OF	DEATH	
. 0		Dr.	1-1.

06389

(46)

STATE OF MARYLAND CERTIFICATE OF DEATH

		101					-	*	•	В	•
R	eg	stra	tion	Dist.	No	*	2	3	,		

Village or City	en Burnie. (Vo			
1	PH	4	M	1.	

St.: Ward)

(If death occurred in a hospital or institution, give its NAME isstend of street and number.)

2FUL	L NAME CS	ony &	. Ones	shir-	••••••	number.)
PERSON	IAL AND STATIST	CAL PARTIC	ULARS	MEDICAL C	ERTIFICATE	OF DEATH
Female.	4 COLOR OR RACE	MARRIED, WIDOWED, OR DIVORCE (Write the wo	Married.	16 DATE OF DEATH	(Month)	
6 DATE OF BIRT	тн				- 4	tended the deceased from
	Sugar.	30	, 1884	den 1		
3	(Month)	(Day)	(Year	that I last saw hat alive		
7 AGE			if LESS than	and that death occured on	the date states	above, at
	46 yrs. 8	rel	I day hrs.	The CAUSE OF DEATH * w	ras as follows:	
B OCCUPATION		mos. / T	ds. ormin.?	Carenom	12	1/1/1
(a) Trade, pro	ofession or as	1 mm -		Cacinom	a of an	
	ature of industry		***************************************	1-1) = + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***;***********************************
	stablishment in ed cr (employer)				(Duration)	yrsds.
9 BIRTHPLACE				Contributory		
(State or cou	untry) Mary	land.		Secondary	(Duration)	yrsds.
10 NAME O	-	4		(Signed) Some S.	1 4	
FATHER	Robert &	askar	4 -	Jehr 14 1930 (Ad	en	a Busnes Mis
OF FATH		/	,			or, in deaths from
ш		ylana		Violent Caus s, state (Accidental, Suicidal or Hon	1) Means of	Injury and (2) whether
12 MAIDEN	11. N.	our -		18 LENGTH OF RESIDEN		oitals, Institutions, Trans-
13 EIRTHPL	ACE			ients or Recent Resident	(8)	
OF MOTH	IER CONTO	awy -		At place of deathyrsxnos	ds. In th	aleds.
-	country)	OF MY KNOW	VI EDGE	Where was disease contracted, if not at place of death?		
14 THE ABOVE	1			Former or		
(Informant)	1 Y/ · ·	walk		19 PLACE OF BURIAL OR I	REMOVAL	DATE OF BURIAL
(Addr	tes) the	Burne	. nea	Ordon Hell C	3	Jene 7 , 30.
15 0.	14 1933	90	1100000	23 UNDERTAKER		ADDRESS
Then	1904	J. Genson.	Requerra	Chenwett	-	Balk, may

If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at home, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ow given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Lousemaid, etc. If the occupation has been changed should be used only when needed. As examples: c whatever, write Nonc. pluyed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." 'Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) Greery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation- Precise statement of ochousehold only (not paid Housekeepers who receive a Civil engineer. Physician, Compositor, Architect, Locomolive engineer, Foreman, first line will be sufficient, e.g., Permer or Planter, For many occupations a single word or term on or At Home, and children, Farm laborer, yrs). without more precise specification as specifically the occupations of who are engaged in the For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Stationary fireman, et . If the occupation has been changed Laborer-Coal mine, etc. Womnot gainfully em-But in many duties of the persons Day

fever (the only definite synonym is "pidemiq ere that some acceptable of the synonym is "pidemiq ere that a spinal meningities"); Diphtheria avoid use of "troup"; Lobar uncumonia. Bronchoom "Typhoid Proposition of the synonym is "pidemiq ere that a spinal meningities"); Diphtheria avoid use of "troup"; Lobar uncumonia. Bronchoom "Typhoid Proposition"; Typhoid fever (never report "Typhoid Pneumania"; Lobar vnaumania. Branchapneumania. Fraeumania.

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Inemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. approved as fracture of skull, and consequences (e.g., sefses, telanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisonal by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICITA., taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify : Il "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephratis, use of "Tumor' for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of Examples: Accidental drowning; Struck by railway traindiseases American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as vgd cough; Committee on Nomenclature Chronic Example: Measles (disease etc. valvular heart of cause of The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. At the continuation is before the certificate is

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02520 STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 27
St: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and
number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
2 - 1950. to 3 - 25 - 30, 192
that I last saw handlive 3-25-30, 192,
and that death occurred on the date stated above, at
The CAUSE OF DEATH * was as follows:
7
Fremanie Disty
(Duration) yrs mos ds.
Contributory
Secondary
(Duration) yrs mos ds.
(Signed)
192 (Address) O.) Carrier Dock
*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents) At place In the
of deathyrsds. Stateyrsmosds.
Where was disease contracted, if not at place of dea.h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Henry Sill Cm. 3/36,130
Charles O Tricke Tomophile
, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, er," etc., without more, Laborer—Coal mine, etc. laborer, Parm laborer, Laborer—Coal mine, etc. fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, tion applies to each and every person, irrespective of whatever, write None. Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles American Medical Association.) approved by Committee on (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be cough; Chronic etc. valvular heart disease, Nomenclature of the The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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*	CORD	EXACTLY, PH
SINDING	NG INK-THIS IS A PERMANENT CORD	refully supplied. ACE should be stated EXACTLY, PHYSI-in plain terms so that it may be properly classified. Exact
FOR	IS A I	ACE so that
RESERVED FOR BINDING	NG INKTHIS	refully supplied in plain terms

PLACE OF DEATH County (Muse Crumbel)	09704 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Millersville (No.	Registration Dist. No. 2/4 St.: Ward) (If death occurred a hospitual or institution, give Its NAME istead of street an
2FULL NAME / Calhau C	lulla street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWCO OR DIVORCED (Write the word)	16 DATE OF DEATH lugust 30, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH March 19, 1872	17 I HEREBY CERTIFY, That I attended the decensed fro
(Month) (Day) (Year) 7 AGE Syrs. 5 mos. 13 ds. or min.? BOCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in Which employed or (employer) 9 BIRTHPLACE (State or country) Highland Howard Co. Med	(Sudden (Suration) yrs. mos / d
10 NAME OF Rathan Soper Childs 11 BIRTHPLACE NEAR Friendship, OF FATHER	(Signed) (Signed) (Address) (Address) (State the lisse Causing Death, or, in deaths from
(State or country) F.H. Co., Md. 12 MAIDEN NAME Harriet Jurubull 13 BIRTHPLACE Mena Central	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Frederick Co., M.A., 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) (Mers) Desses Childs (Address) Millerspille Myd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Seven XX COLS COLS Q/- 30, 19
15 Filed - 30192 Store	R.J. Williams Son Walestry
If more blanks are needed, address Ltate Kegistra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilhum laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, en at home, worked on may form part of the second statement. report specifically the occupations of persons enengineer, For many occupations a single word or term on or yrs). For persons who have no occupation At Home, and children, not gainfully emwithout more precise specification as Day who are engaged in the duties of the Stationary fireman, etc. (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locomotive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

approved by Committee on tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Ethaustion," "Heart range," "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "hon a definite disease." "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.)" Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-If this certificate is looked over thoroughly and a'l qu stions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature of the not be disease;

WRITE

No. 1

V. 83

PHYSI-

	PLACE OF	F DEATH		
	County Anne	Arundel	0	
Vi	llage or City	Crownsvi		9.5
		AND STATIST		
3 :	Female 4	COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single
6	DATE OF BIRTH			
	68.610	Unknows (Month)		, 1_863.
7 /	AGE	67 _{yrs} .	mosds.	If LESS than I day hrs. or min.?
XIX	occupation (a) Trade, professorticular kind of (b) General natur	e of industry	.dwife	***************************************
	ousiness, or estab which employed o		*************************	
9 1	BIRTHPLACE (State or country) North Ca	rolina	
	10 NAME OF	Lawrence	Christmas	
SEZ	OF FATHER (State or cou	North C	arolina	
E.	12 MAIDEN NA	Anne I	Duke	
PARENTS	OF MOTHER			

Crownsville, Md.

Address)

15

01294

129

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME II -Ward)

0 mmmmmaaa 0 a a a a 0 0 0 0 0000000000	etead of street and number.)
MEDICAL CERTIF	FICATE OF DEATH
16 DATE OF DEATH February	8 , 19230
	onth) (Year) (Year)
	That I attended the deceased from to February 8 192 30
that I last saw her_alive on	February 8, 19230,
and that death occurred on the d	late stated above, at 8.20 pm.
Cerebral Arterio	o-Solerosis
G 1000 6466 4844884460000000000000000000000	

(Dura	stion)dede.
Contributory Chroni	Lo Nephritis
(All) acon	arion) de mos de
(Signaby 191	1111111103 M.D.
*State the Discase Causin	Crownsville Hd.
*State the Disease Causin Violent Causes, state (1) Mea Accidental, Suicidal or Homicidal.	ans of Injury and (2) Whether
18 LENGTH OF RESIDENCE (F	or Hospitals, Institutions, Trans-
ients or Recent Residents)	
At place 5 of death yrs 6 mos. I3.	In the State Pyrs mos ds.
Where was disesse contracted,	
Former or	gton, Maryland.
usuai residence	
19 PLACE OF BURIAL OR REMOV	AL DATE OF BURIAL
Jaretill- mis.	3/11/36. , 19
20 UNDERTAKER	1 ADDRESS IN Il da
urs. & X. Kolland	· Baldiman.
16 W Same St Dale Danie	

If more branks are needed, address Ltate Registrar,

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

	County a	CERTIFICATE OF DEATH Registration Dist. No. 30
	VIIIage or City Harrisod (No. ,	St; Ward) [if death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male Colored. (STINGLE, MARRIED, MARRIED, WHOOMED OR DHYONGED (Write the word)	16 DATE OF DEATH Sept 7 (Month) (Day) (Year)
certificate	G DATE OF BIRTH OCK (Month) 29 (Day) , 18690 (Year)	that I last saw here alive on Sept 2, 1980
back of	7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
ctions on	OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	(Buration) yrs. mos. d
e instru	which employed (or employer) BIRTHPLACE (State or country) May Cond.	Contributory Contributory Courseline Tree Tree Tree Tree Tree Tree Tree Tr
mportant Se	10 NAME OF FATHER TO LA Claggette 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) Sept 9, 1972 (Address) Wester Mid State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicidal of Homicidal.
N is very in	of MOTHER COUNTY Boardley: 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: OR RECENT RESIDENTS) At place is the of death
PATION	(Informant) Herrita Clarygette	tf not at place of death?
OCCU	Filed (1/4 .1330 No. Claritie	Daniel Star Live Seft 9, 1813.0 20 UNDERTAKER W. M. Jalbett, Letter.
	16 more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10084

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health

write Nane. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day lubarer, Ferm laborer, Laborer mill; (a) Salesman, (b) Gracery; (a) Foreman, (b) Aulaonly when needed. As examples: (a) Spinner, (b) Callon mabile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Former or Planter, Physiknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Campasitor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in of age.

Statement of Cause of Death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia") Lobar pneumonia, Bronchopneumonia, ("Pneumonia, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull head-hamicide; Paisoned by carbolic acid-prabably Struck by railway train-accident; Revalver wound af state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," cte. birth or miscarriage as "Puerpenal septishaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shoek," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bran-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important cough; Chronic valvulur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whoaping (name origin; "Cancer" is less definite; avoid use of ges, perilanaeum, etc., Carcinoma, Sarcama, etc., of. "Anaemia" nephritis, etc. (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-State cause for which "Atrophy," "Exhaustion,

if the secrificate is looked over thoroughly and all questions disserved in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 7 1800

S No. 1

N. B.-

PLACE OF DEATH	\$13463 STATE OF MARYLAND
County W-U CO	CERTIFICATE OF DEATH
/	Registration Dist. No. 22
Village or City Wy (No	St.: Ward) St.: Ward) A course of institution, give its NAME instead of street and number.
FULL NAME CONSTRUCTION) Comment of the second of the
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marie Marrier Male (Write the word)	16 DATE OF DEATH 3/3/30 , 192
6 DATE OF BIRTH NON 2.5 1840	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Littalive on 3/4 4/20 192
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
49 yrs. 4 mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Reference	Myscardetus? (1-
particular kind of work	Cufaro Sclewars.
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Daration) to mos des
O BIDTHOLAGE	Contributory Secondary
	(Duration)ds.
10 NAME OF Juny Colars	(Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the ilisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER WINCH	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- iente or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Mrs Hall May Colored	Former or usual residence
(Address) Swirn Will	TWO USLES OF BURIAL OR REMOVAL DATE OF BURIAL
15 File March 21 19230 Not Jones Registras	20 ADDRESS PADDRESS
	The state of the s
If more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Wonworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealsary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write None. nature of the business or industry, and therefore an Physician, report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway traindiseases "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.Y resulting from childbirth or miscarriage as Chronic etc. The valvular heart disease; Nomenclature contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

or alexander

N. B.--Every Item of Information should be carefully supplied ACE should be stated XACTLY, FILYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PECORD WITH UNFADING INK---THIS IS A PERMANENT BINDING MARGIN RESERVED FOR NL WRITE P V. S. No. 1

PLACE OF DEATH	02530 STATE OF MARYLAND
County a.a.	CERTIFICATE OF DEATH
	Registration Dist. No. 24
Village or Cityam apolis (No. Emergen	tion, give its NAME in- stend of street and
2FUEL NAME DEST	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whet (Write the word)	16 DATE OF DEATH March 29 . 1950 (Month) (Day) (Year)
6 DATE OF BIRTH Mar 26, 1930 (Month) (Day) (Year)	17 March 25 1920 to Mosch 25 , 1920, that I last saw has alive on MCh 25 , 192
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows: Spurye L. Luyge Boley
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	reterior of 10 × 15 seconds and get blue. (Duration) you miss de.
9 BIRTHPLACE (State or country) annopolos, m	Contributory Secondary (Duration) yrs
FATHER Paul blanke	(Signed) M. D. 3/A/9 1924) (Address) Allort M.Q.
of FATHER (State or country) Prince Sus Co. (M)	State the Disease Causing Death, or, in death's from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER ada Carreck	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) a .C. to min	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Davilsonville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 30, 1530
15 Filewich 30198 0 Fry 6 C. Fry a 20	Bundertaker Hopforng annafolis
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Barto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples:
Siminary (b) Collon mill; (a) Salesman. (b) Groce fulness of various pursuits can be known. The quescupation is very important, so that the relative health en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager." "Dealnature of the husiness or industry, and therefore an Civil engineer. Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed person, irrespective of Locomotive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"('Inanition,'" "('Marasmus,'" "Old Age,'" "Shock,")"
"('Iraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcona,, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection valvular heart Nomenclature need not be Measles ; discuse;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

Α .			16085
(A	St.	PLACE, OF DEATH	STATE OF MARYLAND
	Exact	County Anne Handle	CERTIFICATE OF DEATH
	a ÷		Registration Dist. No. 2
	XACTLY, F classified. pate.	1 D. I Please Al B	
9	SS!	Village or City Tour I LAS (No. 1)	St.: Ward) (If death occurred in a hospital or institu-
ORD	EXA y cla	Charles C	tion, give its NAME is- stead of street and number.)
-		2FULL NAME COUPLES	445
-	ated E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z		3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
SEN SEN	S e e	MIDOWED.	, 19250
MAN	ay	May (Write the word)	(Month) (Day) (Year)
Z Z	t m	6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
B d	w - o	May 10, 1822	12513
R A	AGE that tion	(Mont≱) (Day) (Year)	1/2 1
S S	nc nc	7 AGE IfLESS than	and that death occurred on the date stated above, at
0 5	led led str	75 yrs. 4 mos. 0 ds. or min.?	Cancel of Jonach
三 H	ppl ppl ni e	POCCUPATION	and the state of t
E 1	sup n te See	(a) Trade, profession or particular kind of work	
SE	Y. a.	(b) General nature of industry	2
H C	In pi	business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
7 2	E - 5	9 BIRTHPLACE	Contributory Secondary
E 4	EAT I	State or country - anny Germany	1 (Duration) yrsds.
正	₹00	10 NAME OF	(Signed) alhal Woodleyf, MD.
Y E	00	FATHER Claus	19 (Address) Linthiaum Hax
H	0 LU -	OF FATHER	
7	AUS	Z (State or country)	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	HOH I	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	Per	13 BIRTHPLACE	ients or Recent Residents)
-	infor	OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
	400	(State or Country)	Where was disease contracted, if not at place of death?
Ĺ	- 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
WRITE	sho	Programme Illant Claus	ususi residence
N N	NS L	Part Booth on the	19 PLACE OF BURIAL OR REMOVAL S L 2 19 PLACE OF BURIAL S L 2 2
	Every It CIANS stateme	(Address) PDT Address	Cedar Mill Oest 73, 1930.
500	ш O ю	15 Fled 11 22 19034 James Deys Fld	20 UNDERTAKER ADDRESS
å å	mi	Registrar	John to Wermy 113 dight It
	ż	If more branks are needed, address State Registrat	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day luborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Civil engineer, Stotionory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material Salcsman, single word or term on (6) Grocery,

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telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitiol nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train-(secondary (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Committee on Nomenclature Chronic Example: Measles (disease etc. The contributory valvular heart discase; Mosles;

American Medical Association.

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d.

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er," etc., William Laborer, Laborershould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-Locomotive engineer, But in many Grocery,

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"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar; or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Iclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X cough; Chronic affection need etc. The contributory valvular heart Nomenclature disease;

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8. No.

PLACE OF DEATH County a glue mul	14591 STATE OF MARYLAND CERTIFICATE OF DEATH
/	Registration Dist. No. 2
Village or City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME	names, (ball) number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 2 SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 27, 1920 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 to
7 AGE If LESS than I day 5 hrs. mos. ds. or 30 min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) (Duration) (Duration) (Signed) (Signed) (Duration)
FATHER Ralout Coatel II BIRTHPLACE OF FATHER	
OF FATHER (State or country) Q. Q. Co. Sull 12 MAIDEN NAME OF MOTHER Plans Suggestions (Storic U.S.)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) A. A. C. M.	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Jones M (Address) Jones M Filed /2/2 9 192 pur Kangyar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Conference Date of Burial OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS The Man I have Depuny Puck
Registrar	Il a ship a ship is a ship is the ship is

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer Treor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Grocery,

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"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory ," "Convulsions,

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> (3) American Medical Association.) stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary unqualified, is indefinite); Tuberculosis of lungs, men-(ttecommendations on statement of cause of death Chronic interstitial nephritis, "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic " "Coma," "Convulsions, valvular heart disease; affection etc. The contributory need not be etc. , 01

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

act act	PLACE OF DEATH
EXB	County A. A.
,≺, Fied.	
CTL	Village or City Annapolis
il car	2FULL NAME EL
ateu	PERSONAL AND STATE
00 00 Vm	2 224 5 1 22122 22 21

Female

7 AGE

Z

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00

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or

particular kind of work (b) General nature of industry

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER

(Informant)

business, or establishment in

(State or country)

(State or Cnuntry)

(Address

which employed or (employer)

0	2	5	3	1

101-0

(No. 227

5 SINGLE

White

Sept

(Month)

Annapolis. Md.

Robert. J. Curran,

Annapolis. Md.

Annapolis. Md.

Williams.

County

MARRIED.

30th

House Wife

WIDOWED.

OR DIVORCED (Write the word)

(Day)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

(If death occurred in

JG. Ward)	a hospital or in tion, give its NAN stead of street number.)	astitu AE ir an
MEDICAL CERTIFICATE O	F DEATH	
16 DATE OF DEATH Moreh	3 , 193	0
(Month)	(Day) (Ye	ar)
that I last saw h alive on Me	nded the deceased h 3 ,1	from
and that death occurred on the date stated	above, at	n
The CAUSE OF DEATH * was as follows:	nouis	
(Durstion)	0 8	1. de
	yrs mos	d
(Signed) / Olwer / Us Mch + / 19 & O Address) Cluse	des	M. D
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju- Accidental, Suicidal or Homicidal.	or, in deaths frough	em her
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions,	frans
At place of deathyrsmosds. In the	yrsmos	,de
Where was disease contracted, if not at place of death?		
Former or usual residence	**************************************	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIA	AL
St. Marys. Ceme try	Mar.5th	5
20 LINDERTAKER	ADDRESS	

West len. M. Colburn. STICAL PARTICULARS Married 1890 (Year) If LESS than I day hrs. William. A. Colburn.

B. L. Hopping. Annapolis Md. If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (0) fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil cugineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton without more precise specification as For persons who have no occupation (b) Automobile foctory. The material Stationary fireman, etc. (o) the kind of work and also (b) the mill; (a) Salesmon. Locomolive engineer, But in many (3) Grocery, Doy

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te in for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonucum, etc., Carcinomo, Sarcoma, etc., of approved by Committee on Nomencluture of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Wcakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondar) or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, 'name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, Example: Measles (disease etc. The contributory

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V. S. No. 1

203

PLACE OF DEATH County. CO	01295 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 27 Stern ave St.: Ward) Ward) Ward) Ward) Ward) Ward) Ward) Ward) Stern ave St.: Ward) Ward) Ward) Ward) Stern ave St.: Ward) Ward) Stern ave St.: Ward) Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Jungle WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 2/, 19 30 (Month) (Day) (Year)
Tely 21 21 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 2 1923 to 2 7 192 192 192 192 192 192 192 192 192 192
7 AGE If LESS than I day hrs. ds. or 10 min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Born slive; lived about the minutes.
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Castfart Ned, 10 NAME OF FATHER OF GROUP Negory Negor	(Signed)
of MOTHER Kate Monie Reley 13 BIRTHPLACE OF MOTHER (State or Country) OSTATE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Regary W. Rolburne (Address) Cartfort Med.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Ceden Blottlent Tely 12 1916.
15 Filed 1 2 2 1923) Say 6 C. Jaco Mass Registrar	Toky Server St. Balto Requesting V. S. A. I.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. worked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons ennner, (0) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma, Convusions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death (secondary or intercurrent) Chronic interstitial nephritis, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

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laborer, Spinner, state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook; to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, " etc., without more precise specification as Day first line will be sufficient, e. g., Farmer or Plunter, Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (b) (a) the kind of work and also (b) the Automobile factory. The material Laborer—Coal mine, etc. Locomotive not gainfully emengineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: ('erebrosphul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicuemia," "PUERPERAL perilonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. tions, such as "Asthenia," "Anuemia" (merely symptomcausing Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of taken. (secondar; Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (sccondary), by Committee on Nomenclature or intercurrent) affection need cough; Chronic valvulor heart disease; nephritis, etc. The contributory The n ture of the injury, Always qualify all eontributory not be

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X	5	d. Exact
	CORD	upplied. ACE should be stated EXACTLY, PHYSI-terms so that it may be properly classified. Exact se instructions on back of certificate.
Ü	NENT	upplied. ACE should be stated EXAC torms so that it may be properly classes instructions on back of certificate.
TVED FOR BINDING	THIS IS A PERMANENT I	E should at it may ns on bac
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PLACE OF DEATH	PL	ACE	OF	DEA	ТН
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2FULL NAME

County Anne Arundel

05183

STATE OF MARYLAND CERTIFICATE OF DEATH

R	egistration	Dist.	No.	2
	- Proceedings			

Crownsville State Hospital

Louis Cole

St.: Ward)

(If death occurred in a hospital or institution, give its NAME in-stead of street and number.)

SEX MARRIED. Male Colored SINGLE. Single MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH Winknown (Month) (Day) (Month) (Day) (Month) (Day) 7 AGE If LESS than I dayhrs. or min.? COCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 15 SINGLE. Single MARRIED. 16 DATE OF DEATH May. 5, 1930 (Month) (Day) 17 I HEREBY CERTIFY, That I attended the decernate of the date stated above, at 5:5 The CAUSE OF DEATH * was as follows: Broncho Pneumonia Cohtributory Secondary 9 BIRTHPLACE (State or country) Maryland	
Unknown (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Year) (Month) (Day) (Year) (If LESS than I day hrs. or min.? (Augument of Laborer particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (Month) (Day) (Year) (If LESS than I day hrs. or min.? (If LESS than I day hrs. or min.? (Bay 5, 1930 and that death occurred on the date stated above, at 5:5 The CAUSE OF DEATH * was as follows: Broncho Pneumonia (Duration) 48 hours (Duration) Contributory Secondary	
(Month) (Day) (Year) that I last saw h himlive on May 5, 1930 and that death occurred on the date stated above, at 5:5 The CAUSE OF DEATH * was as follows: Coccupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE That I last saw h himplive on May 5, 1930 and that death occurred on the date stated above, at 5:5 The CAUSE OF DEATH * was as follows: Contributory Secondary Contributory Secondary	
(Month) (Day) (Year) that I last saw h himlive on May 5, 1930 and that death occurred on the date stated above, at 5:5 The CAUSE OF DEATH * was as follows: Coccupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE That I last saw h himplive on May 5, 1930 and that death occurred on the date stated above, at 5:5 The CAUSE OF DEATH * was as follows: Contributory Secondary Contributory Secondary	, 192,
day hrs. lday hrs. The CAUSE OF DEATH * was as follows: OCCUPATION	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary 18 hours Contributory Secondary Secondary	50рт
9 BIRTHPLACE Secondary	
	Sde
IN NAME OF FATHER JOSEPH COLE II BIRTHPLACE OF FATHER (State or country) Maryland IZ MAIDEN NAME Unknown OF MOTHER (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Address) (Signed) (Signed) (Address) (Address)	Whether
ients or Recent Residents) At place 1 3 1 In the 30 yrs	.mosds
14 THE ABOME IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence. Havre de Grace Md. 19 PLACE OF BURIAL OR REMOVAL DATE OF E	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 00

CIANS should statement of OC

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(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid *Househeepers* who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrosphual meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The n ture of the injury, as fracture of skull, and consequences (e.g., sepsis, "Uruemia," "Weakness," etc., when a definite disease approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"E Thaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY "Heart failure," valvular heart disease, affection need not be etc. The Nomenclature of the Always qualify al "Haemorrhage, contributory

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3

S. No.

8 ż

PLACE OF DEATH	01296 STATE OF MARYLAND
County arms arundel	© CERTIFICATE OF DEATH
Village or City Auggralia Mod (No. 2FULL NAME WOUE (STied)	Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White OR PACE SINGLE, MARRIED, Dingle OR DIVORCED (Write the word)	16 DATE OF DEATH July 1980 (Year)
6 DATE OF BIRTH Tel. (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
Till how mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Mary (and 10 NAME OF FATHER Thomas Allen Collewan	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds. (Signed) J. D. Fello, Ff. Coud. (Suc.) M.D. Tello, J. Coud. (Suc.) M.D. Tello, J. Coud. (Suc.) M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Chie a, Perma	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos descriptions of State yrs mos descriptions.
(Informant) Thomas a Coleman (Address) annapolis on	if not at place of death? Former or usual residence
Filed # 10 19237 Jung la C. Jos a had Registrar If more blanks are needed, address State Registrar	20 UNDERTAKER B L Hofferny 16 W. Saratoga St., Valto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness, If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of ployed, us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Furm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stationary firemon, etc. Locomolive engineer, But in many (b) Grocery; persons en-

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"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinomu, Sarcoma, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaenvia," "PUERPERAL peritonitis," etc. " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all Whooping approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on "" "Weakness," etc., when a definite disease cough; Chronic etc. The contributory affection valvular heart Nomenclature need not be disease;

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BINDING MARGIN

(Approved by U. S. Census and American Public Health Association.)

(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager." "Dealbusiness, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING BEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Spinuar (b) Cotton mill; (a) Salesman (b) Grocory; ghould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Whatever, write None. tired 6 yes.). For persons who have no decupation work, or At Home, and children, not gainfully emvasehold only (not paid Househeepers who receive a laborer, Farm laborer. Laborersary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulliess of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc Rt I. m. applies to each and every person, irrespective of For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the -Coal mine, etc. Wom-As examples: (a) The ques-HOUSE.

Statement of Cause of Death—Name, first, the disasl causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidomic cerebrospin I meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

> ture of the injury. as fracture of skull, and conse-"Droper" "Exhaustion," "Heart failure," "Haemor rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma, conditions, such as "Asthenia," "Anaemia" eausing death), 29 ds.; Bronchopnounia Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, STICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal sopticaemia;" "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease vulsions." ary), 10 ds. Never report mere symptoms or terminal stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles, myes, peritonaeum, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MMANS OF INJURY (e.g., sepsis, tetanus) may be stated under the Accidental drowning; Struck by railway etc., Chronic valvular heart disease; ("Congenital," "Senile," etc.); (Recommendations on state-Carcinoma, Sarcoma, etc., of Example: Measles The contributory " "Соп-(merely (second (disease not be

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD S A PERMANENT BINDING MARGIN RESERVED FOR

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N. B.

V. 8. No. 1

PLACE OF BEATH	STATE OF MARYLAND
County A.	12112 CERTIFICATE OF DEATH
	2 2
A	Registration Dist. No. 2
Village or City No(No	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Harry M. Co	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Mariel Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 2 (Day) 192 (Year)
6 DATE OF BIRTH WOV. 29 188	3 HEREBY CERTIFY, That I attended the declared from
(Month) (Day) (Year	116
7 AGE If LESS the laday	
46 yrs. / mos. 2 3 ds. or mi	
& OCCUPATION	- Carringua / h. wer.
(a) Trade, profession or James,	
(b) General nature of industry	L 9 1-
business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country)	Contributory Secondary
o o ca	(Durstien) yrs. mosds.
10 NAME OF FATHER R. I. I. I. C.	(Signed) M.D.
11 BIRTHPLACE	7 10/22/30192 (Address) Caroff & Jud.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a many teches.	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs mos ds.
(State or country)	- Where was disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mes. H.y. Congway	Former or usual residence
(Address) Dowsey Und.)	3 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 7/24/319
15 Filed Oct 22 1900 Clara M Hagistra	address with we is the way.
If more bianks are needed, address State Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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tired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation 6 Automobile factory. The material Locomotive (6) The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophole fever (the only definite synonym is "Epidemic celebrational meningitis"); Dinhiheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al atic), "Atrophy," "Collapse," "Coma," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic chopneumonia (secondary), etc. valvular heart disease; The contributory "" "Convulsions, not be

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FOR BINDING MARGIN RESERVED

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state . Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECO CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PL. V. S. No. 1

STATE OF MARY	AND-CERTIFICATE	OF DEATH
---------------	-----------------	----------

1.	. PLA	CE OF DEA	ATH				
	Cou	nty	I.a.			Registration Dist. No.	
Village or City Lessup				2	(lf	ND. St., death occurred in a hospital or institution, give its NAME instead of street	Ward
	Leng	gth of residence in	city or town where	death occurred	yrsmos	ds. How long in U.S. if of foraign birth?yrs	mosds
2	. FUL	L NAME	Mon	ias O	Conne	er) Connell	
	(a)	Residence: No.		(Usual place	of shode)	St., Ward.	and State
100 Store	PE	RSONAL A	ND STATIST			MEDICAL CERTIFICATE OF DEAT	Н
3. S	EX	4. COL	OR OR RACE		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH (Month) (Day)	, 193 30 (Year)
5a.	HUSBA	ed, widowed, or di AND of IFE of	vorcad			22. HEREBY CERTIFY, That I atter	ndad deceased from
e r	ATE OF	F BIRTH (month, d	lay and year)			l last saw halivo on	
7. /		Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc					ormin.	were as follows:	Date of onset

000	10. Date deceased last worked at this occupation (month and year)		ent in this				
12.		PLACE (city or tow	n)			Other Contributory Causes of Importance:	
œ	13. NA		(0			1	
FATHER	14. BIR	RTHPLACE (city or (State or country	1 1 / 1	igino	el fil	Name of operation Date What test confirmed diagnosis? Was there	of an au opsy
ER	15. MA	IDEN NAME				23. If death was due to external causes (VIOLENCE) fill in also the following	owing:
16. BIRTHPLACE (city or town)						Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.						(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Placa				Date	, 19	Manner of injury	
19. UNDERTAKER					24. Was disease or Injury in any way related to occupation of deceased	1?	
20.			., 19		Registrar.	(Signed)(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TARVAVA WALVATARA	DI LIVER	T. OIL	A C ACA A A A A A A A A A A A A A A A A	CAR A TOTAL WATER WILLY WITH	22 2	T TI T DI CITALI

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fulness of various pursuits can be known. The quescupation is very important, so that the relative health en at home, who are engaged in the duties of the er," etc., without more process. To do divise of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Compositor, Architect, Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material For persons Stationary fireman, etc. But in many If the occupation has been changed who have no occupation Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebros multiplerer (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid approved as fracture of skull, and consequences (e.g., sepsis American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, " "Weakness," etc., when a definite disease by Committee on or intercurrent) Chronic etc. The contributory affection valvular heart Nomenclature of the need not be disease; etc., of

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(If death occurred im a hospitel or institu-tion, give its NAME in-stend of street and

DATE OF BURIAL

number.)

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should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Deal-Physician, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Salcsman, (b) Locomottic engineer, material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro point fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia."; John pneumonia. Bronchopneumonia ("Pneumonia.");

stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be approved as fracture of skull, Examples: Accidental drowning; Struck by railway train Whooping cough; American Medical Association.) (Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature Chronic valvular heart disease and consequences (e.g., sepsis, etc. The contributory Measles;

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FLD 6 18.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give Its NAME is stead of street and number.) MEDICAL CERTIFICATE OF DEATH (Day) (Year) I HEREBY CERTIPY, That I attended the deceased from and that death occurred on the date stated above, at *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suifidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation busines, that fact may be indicated thus; farmer (restate occupation at beginning of illness. If refired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Never return "Laborer," "Foreman," "Manager." "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The materia Grocery,

Statement of Cause of Death—Name, first, the Distance Course of Death—Name, first, the Distance Course of Death—Name, first, the Distance Course of Course of Causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cereprospiral fewer (the only definite synonym is "Epidemic cerebrospiral meningitis"); Dioluheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (Recommendations on statement, of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiby Committee on cough; Chronic etc. The contributory valvular heart disease; affection need not be Nomenclature etc., 01

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD FADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

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PLACE OF DEATH	10087 STATE OF MARYLAND CERTIFICATE OF DEATH
Co. Co.	Registration Dist. No. 21
Village or City May Not 2 2FULL NAME William Ell	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH April 177, 1841 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Dept. 232 1930 to Ought 23 1920 that I last saw have alive on Ought 2320, 1920
8 gyrs. 5 mos. 6 ds. or min.?	and that death occurred on the date stated above, at 520P.m The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 8 how
9 BIRTHPLACE (State or country Connecticul MSU) 10 NAME OF	Contributory Secondary (Duration) (Signed) (Signed) M. D.
FATHER COOK 11 BIRTHPLACE OF FATHER (State or eountry) Commelyen LADA.	*State the Disease Causing Death, of the deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER DUT Prioring 13 BIRTHPLACE OF MOTHER (State or country) Connecticut	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs described by the State yrs described by the State where was disease contracted,
(Informant) A COVER	if not at place of death?
(Address) May Med 15 Filed Fyll 24 1923 Frayle C. frage M. Rycistrar If more blanks tra needed, address State Begistrar	DATE OF BURIAL ADDRESS ADDRE
at Miles Diames are necessary address order hogistrate	,

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeation as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Whooping approved (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; Nomenclature Always qualify all of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

Z WRITE V. S. No. 1

PLACE OF DEATH	05184 STATE OF MARYLAND
County amy arrundal	CERTIFICATE OF DEATH
The 1	Registration Dist. No. 222
VIII FOLD EL MOLL 2FULL NAME ANTI B. Coop	St.: Ward) (If death occurred a hospital or institution, give its NAME is stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MAY Th, 1980 (Month) (Day) (Year)
6 DATE OF BIRTH Afric H, 1928 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased to
7 AGE If LESS that I day hr hr or min. ds. or min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Elment
business, or establishment in which employed or (employer)	(Durstion) yrs. 3 mos 4
	Contributory Secondary (Durstion) yrs. 3 mos. 4 (Durstion) yrs. 4 mos. 6 (Signed)
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) MACLE (State or country)	Contributory Secondary (Durstion) TOS (Fundamental Contribution)
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER COLUMN CONTROL OF FATHER (State or country) 11 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Beath, or, in deaths from of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Beath Of Residents) (At place of death yrs mos ds State yrs mos conditions)
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Odward Coop 20 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed) (S

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeauous laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Physician, For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart" failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Nomenclature Chronic etc. affection need not be valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE N.BEvery Item of CIANS should statement of G	MANGEN RESERVED TON BINDING	WRITE AIM, WITH UNFADING INK-THIS IS A PERMANENT	N. BEvery Item of Information should be carefully supplied. ACE should be stream of State CAUSE OF DEATH in plain terms so that it may be prestatement of OCCUPATION is very important. See instructions on back of a
		WRITE	N.BEvery Item of CIANS should statement of

V. S. No. 1

PLACE OF DEATH County A • A •	05185 STATE OF MACERTIFICATE OF MACERTIF	OF DEATH
Village or City Annapolis (No. Emergency 2FULL NAME Grace K. Cooper	Hospital st.: 2 Ward)	(If death occurred in hospital or institution, give its NAME intended of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Female White Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH MAN 30 193	Kay) (Year)
S DATE OF BIRTH June 15 (Month) (Day) (Year)		ded the deceased from
7 AGE 18 yrs. 11 mos. 15 ds. or min.?	and that death occurred on the date stated ab The CAUSE OF DEATH * was as follows:	7000
a) Trade, profession or House Wife (a) Trade, profession or House Wife (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Pawtucket R. I. 10 NAME OF FATHER Henry Carpentor 11 BIRTHPLACE OF FATHER	Cacsassan section, may 30 th. Contributory Secondary (Signed) (Signed) (Signed) (Address) (Signed)	1930. 1930. 12 hy. The mos 12 hy. 3 hy. The mos M. D.
CState or country) 12 MAIDEN NAME OF MOTHER Grace Aiken 13 BIRTHPLACE OF MOTHER R.I.	*State the Piscase Causing Death, or Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents) At place In the State of death was mos de State	
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. State Where was disease contracted, if not at place of dea.h? Former orusual residence	
(Address) Annapolis Md. (Address) Annapolis Md. 15 File Posse / 19230 France / Registrar	20 UNDERTAKER	DATE OF BURIAL [une_]_, 19_30 DDRESS
If more bianks are needed, address State Registra		nnapolis ld

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Committee on Chronic affection need not be etc. valvular heart disease; Nomenclature of the The contributory

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should be stated EXACTLY, Prit may be properly classified. PERMANENT Every item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back FOR MARGIN RESERVED

S. No. 1

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1PLACE OF DEATH
County Anne Arundel

Chaumarillaastata Vaanital

09705

STATE OF MARYLAND CERTIFICATE OF DEATH

75-2

Registration Dist. No.

vinage or Ci	ULL NAME	Mary A. Co	tion, give its NAME in
PERSO	DNAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female	4 COLOR OR RACE	SINGLE. married MARRIED, WIDOWED. OR DIVORCED (Write the word)	August 31st , 192 30
6 DATE OF B	Unknow		I HEREBY CERTIFY, That I attended the deceased from May 8th, 192.30to August 31st 192.30th that I last saw h Cr alive on August 31st 192.30
7 AGE		If LESS the l dayhi	and that death occurred on the date stated above, at
(b) General business, or	establishment in oped or (employer)	yland	Contributory Unknown ds. Contributory Secondary Durst y Unknown mos ds.
FATHE	Unk	mown	(Signed) M. D. Aug. 31) 192 30 (Address) Crownsville, Md.
OF FAT		nown	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y OF MO		mown (Caroline	Recidental, Suicidal of Homelada. Posters H OF RESIDENCE (For Hospitals, Institutions, Trans- ients of Recent Residents)
13 BIRTH OF MO		and .	At place of death yrs. 3 mos. 23s. In the State Line ds. Where was disease contracted,
(Informa	nt · · · ·	tal Records msville, Maryla	if not at place of death? Former or usual residence Charles County, Maryland 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15 Filed Se	pt3 130 9	Ty Ca Registrar	20 UNDERTAKER Neuterode Supt.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, Locomotive engineer whatever, write None. Housewaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material Laborer-Coul mine, etc. Wom-As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept—ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup" Typhold fever (never report "Typhold Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E :haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUIGIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, name origin; "Cancer" is less definite; avoid cough; by Committee on Nomenclature of the Chronic valvular heart disease, Example: Measles (disease etc. The contributory Measles;

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101 W

(If death occurred in a hospital or institu-

tion, give its NAME in-stand of street and

deaths from

number.)

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Cwil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

BUREAU

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping approved by tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

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WITH	
AINT,	
WRITE	

V. S. No. 1

	County Anne Arunde	1	(13905) STATE OF MARYLAND CERTIFICATE OF DEATH
3.74	lage or City Grownsvil		Registration Dist, No.
/	2FULL NAME		St.: Ward) (If death occurred I a hospital or institution, give its NAME is stead of street an number.)
=	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male black	single, Separate MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 25th , 19230 (Month) (Day) (Year)
6 1	DATE OF BIRTH unkno		May 8th 192 9 to April 25 ,192 3
8.0		If LESS th	end that death occurred on the date stated above, et 10:30 A
, Jo	articular kind of work	Jaborer	
p (b v	articular kind of work		Contributory Syphilis Secondary (Duration) Unknowing de
b v 9 E	articular kind of work	nd ourse	Contributory Syphilis Secondary (Durgian 19 10 W/ mos de 19 10 W/ M. D. Apr. 25 19230 (Address) Crownsville, Md.
ARENTS 6 Ag)	articular kind of work	nd ourse rland	Contributory Secondary (Durtion Mow mos. de Causing Death, or, in deaths from Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans
RENTS 6	articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER GEORGE CO 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER LBUI 13 BIRTHPLACE	nd ourse rland	Contributory Secondary (Durham Montal Monta
PARENTS 6 A 9 O T	articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) IRTHPLACE (State or country) 10 NAME OF FATHER GEORGE CO 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Lau 13 BIRTHPLACE OF MOTHER MAN	ourse vland ra ? ryland of MY KNOWLEDGE Records	Contributory Secondary Duly Gon (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Translatents or Recent Residents)

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Civil engineer, tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrumt, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease;

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V. S. No. 1

PLACE OF DEATH	02532 STATE OF MARYLAND
County a -	CERTIFICATE OF DEATH
	Registration Dist. No.
Compliation 11 Rid	
Village or City Coma (No. //	St: Ward) (If denth occurred in a hospital or institu-
2FULL NAME Elmen Corm	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 28, 19232 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
April - 1900.	1928 to Mar 28, 1980
(Month) (Day) (Year)	that I last saw h Mussalive on Mar 28, 19230
7 AGE	and that death occurred on the date stated above, atAm,
yrs. // mosds. ormin.?	The CAUSE OF DEATH * was as follows:
OCCUPATION O 1	A A A A A A A A A A A A A A A A A A A
particular kind of work Laborer	
(b) General nature of industry	**************************************
business, or establishment in which employed or (employer)	(Derstion) yrs mos 6 ds.
9 BIRTHPLACE	Contributory Wello alleplacacie
(State or country) Middle burge Va-1	Pharmastia (Duration) / yrs mos / O do.
10 NAME OF John Corms	(Signed) 4. Willia Martin M. D.
S 11 BIRTHPLACE OF FATHER OF FATHER	192 (Address)
Z (State or country) // Lade (wyg)	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Grances Cl Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Camalarle Md	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
I me Fi C. Brown	Former or usual residence
(Informant) // (Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) // Marul St	Brewerfull Cent 7, 31, 1930
15 Filedward 30 1923 ? Jang h C. Fy co Mil.	20 UNDERTAKER Parker 47 Was hinglon
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Monda
	Dr Marlin J

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coat muse, the laborer, Farm laborer, Handwise of the laborer, who are engaged in the duties of the should be used only when needed. As examples: (a) cupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enworked on may form part of the second statement. Civil engincer, Foreman, first line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). (b) Colton mill; (a) Salesman, For persons who have no occupation 6 Stationary fireman, etc. Automobile factory. The material person, irrespective of But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of letanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

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4		Y, PHYSI-
	CORD	ed EXACTL erly classifiration
D FOR BINDING	WRITE I INC., WITH UNFADING INK-THIS IS A PERMANENT CORD	N. B. Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	UNFADING INKTH	ould be carefully supply 5 DEATH in plain terrivery important. See in
	INE WITH	of Information should state CAUSE C
V. S. No. 1	A WRITE	N. B. Every Item CIANS shot

PLACE OF DEATH	STATE OF MARYLAND
County /	CERTIFICATE OF DEATH
A CITA	Registration Dist. No. 24
Village or City Williafold (No. 6)	St.: Ward) (If death occurred in a hospital or institu-
2FULL RAME Raliègle August	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 6 , 193 6 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(M19 / 0, 1930) (Month) (Day) (Year)	that I last saw h 9 1 alive on Sept 2/ 19234,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
yrs. / mos. / ds. or min.?	Inter Colles
8 OCCUPATION (a) Trade, profession or particular kind of work	·
(b) General nature of industry	(Duration)yrsmosds.
which employed or (employer)	
9 BIRTHPLACE (State or country) Darling fon S. C	Contributory Secondary
TO NAME OF Raliegh a. Covert.	(Signed) M. D.
of FATHER (State or country) Daylington	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Jametha Brown	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Darlington S. C-	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
(Informant) (Address) (Address) (Address)	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9, 27, 1930
15 Filedfull 27 19230 frafte C. Jan ca 92	20 UNDERTAKER DARSM. ADDRESS 47 Wash-01
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm loborer, without more precise specification as Doy (b) Automobile foctory. The material Loborer-Coal mine, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) telonus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilsay trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

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CT 5 1930

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Spinner, (b) Cotton mill; (a) Salesman, (b) Groecy; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. busines, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationory fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria 'avoid use of "Croup"); *Typhoid fever (never report "Typhoid Pneumonia"); *Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septieucmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (secondar; Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid cough; or intercurrent) for malignant neoplasms); Measles, Chronic Example: Measles (disease valvular heart disease; affection need not be etc. The contributory

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V. 8 No. 1

N. B.

	¹ PLACE OF DEATH 3	13482 STATE OF MARYLAND
	County June Grundel	CERTIFICATE OF DEATH
	d strong of the death is a second before it is all as the factor and and an appropriate	Registration Dist. No. 22
Vi	lage or Citylungelis Joh Md (No. Sis	Huet Frauning Lest: (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3:	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED Swigle (Write the word) Swigle	16 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH 10 DATE OF DEATH
6	DATE OF BIRTH October 32, 19/9 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Schule 3 1929. to November 1920, that I last saw h a alive on Ottober 3 1920.
7 /	If LESS than l day hrs. or min.?	and that death occurred on the date stated above, at 5:30 Gm. The CAUSE OF DEATH * was as follows:
	DOCCUPATION a) Trade, profession or	Chrone gastro-exterilis (Duration) yrs. 2 mos de.
9	SIRTHPLACE (State or country) Joshwyton A.G.	Contributory Secondary (Duration) // yrs
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER well well with the state of MOTHER (State or Country) not known.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs/0_mos/8 ds.
14	(Informant)	Where was disease contracted, Mushington, DC if not at place of dea.h? Former or usual residence 1510 Mushington N N N Wash D
_	(Address) (hungolis Junder Md)	19/PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Nov. 3, 1936 20 UNDERTAKER D. K3. JONES ADDRESS
15	Filed Mr 3ª. 1921 Collans Williams Registrar	Destrict Fraining School amore maker
	If more branks are needed, addra.a Ltate Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation 6 Automobile factory. The not gainfully em-(6) material Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroelever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> "I telanus) may be stated under the head of "contributory." approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important. Example: Measles (disease (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "E::haustion, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"(Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular etc. The contributory affection need heart disease; not be

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S. No. 1

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PHYSI-

	County Anna Dounded	03906	STATE OF I	OF DEATH
	Village or City/intheours Heroft Shar	yland in Cran	Registration ISt.:Ward)	(10 T 11 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED MUDOWED, OR DIVORCED (Write the word)	1	11	(Day) (Year):ended the deceased from
	(Month) (Day) (Year)	that I last saw h	lalive on H	1923
	7 AGE If LESS than I day hrs. or min.?		red on the date stated 'H * was as follows:	Distable
2 6 6 1	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)		(Duration)	
	9 BIRTHPLACE (State or equitry) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MOTHER (State or country)	*State the Di Violent Causes, st Accidental, Suicidal	SIDENCE (For Hospit sidents) In the Stat	or, il deaths from jury and (2) Whether tals, Institutions, Trans-
	(Informant) The Best of My Knowledge (Informant) The Best of My Knowledge (Address) Gen Parnis Ind Filed 46 1920 Software Registrar	Former or usual residence	L OR REMOVAL	DATE OF BURIAL ADDRESS Walshingtood
	If more blonks are needed, oddress State Registrat	r, 16 W. Saratoga St., I	Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), stated unless important Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County/a a.	CERTIFICATE OF DEATH
h : 4 : 4 (3	Registration Dist. No. 21
Village or City Straswelle (No.	St.: Ward) (If death occurred in
2FULL NAME Annie	St.: Ward) (If death occurred in a hospital or institu- tion, give its AAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
kmal White Single, Widow WIDOWED, (Write the word)	16 DATE OF DEATH 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended the deceased from
Seb 5- 1808	1950. to (fug 0 , 1950,
(Month) (Day) (Year)	that I last saw h A alive on the g , 1950,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
1/ day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	()
(a) Trade, profession or	Mary Odlara
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)yrsmos / O.ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yrs mos ds.
FATHER STEPLES SILARY	(Signed)
II BIRTHPLACE	aug 10 19230 (Address) Jac Benville/110
OF FATHER (State or country) Calvert Co. not	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER mangarelle Ward	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country) Localius, Co on	of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Uniformant miss minnie Carllenker	Former or usual residence
(Address) Edgewater md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF BURIAL OR BELLE OR DATE OF BURIAL OR
15 Filed Cury 12 1923 D Joseph C. Fryen Toke	20 UNDERTAKER ADDRESS Competer

5

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—coat mene, ever would en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile fuctory. The material sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Duy -Coul mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the massasse causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of "('Exhaustion," "Heart failure," "Haemorrhage,"
"('Uraemia," "W.)" "Old Age," "C" causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measlcs (disease " "Old Age, " "Shock," valvular heart disease, etc. The contributory

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m

OF MOTHER

13 BIRTHPLACE

OF MOTHER

(State or Country)

23

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

A CORD	200	PLACE OF DEATH County Anne Annel Village or City Patrixent (No.	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
_	stated E properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BINDING	Seco	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH April (Month) I 2 (Day) / 9 30 (Year)
R BING	short it m	6 DATE OF BIRTH 4 /0 , 1930 (Month) (Day) (Year)	that I last saw ham alive on april 7 1, 1971,
FO SI S	piled. rms so instru	7 AGE If LESS than day hrs. or min. or min.	and that death occurred on the date stated above, at AP m. The CAUSE OF DEATH * was as follows:
ESERVED	sup in te	8 OCCUPATION (a) Trade, profession or particular kind of work	
RESE	In p	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos / 2 ds.
MARGIN	be ca EATH impo	9 BIRTHPLACE (State or country) maryland	Contributory Secondary (Direction)
MAR	should E OF D is very	10 NAME OF FATHER LANGUE VOW TOTAL	(Signed) (Address) Alssuf Ind.
WIT	tion stans	OF FATHER (State or country) maryland	*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

deaths from or, in njury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death In the State......yrs.....mes......ds. Where was disesse contracted, if not at place of death? Former or

usual residence 19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a définite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile foctory. The material For persons who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-10 ds. Never report mere syniptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The Always qualify all contributory

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Z

	PLACE OF DEATH	STATE OF MARYLAND
	A. /	CERTIFICATE OF DEATH
(County	(17g)
	1 11	Registration Dist. No.
Vill	age or City annapale (No. Emes	ancy Haspellist Ward) (If death occurred in
/		tion, give its NAME in-
/	2FULL NAME / James Creek	stead of strest and number.)
V	-1 OLE WANTE	***************************************
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	MARKIEU, MA	16 DATE OF DEATH
(Cal WIDOWED CR DIVORCED	(Month) (Day) (Year)
-	(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATT OF BIRTH	Dec. 1 1930.10 Dec. 7 1930.
	5 Ilhe benson	Da
	(Month) (Day) (Year	that I last saw h seegalive on 1930,
7 4	GE	and that death occured on the date stated above, at
	l dayhrs.	The CAUSE OF DEATH a year as follows:
	yre. mos. de. or min.	3rd degree Ann arms
	OCCUPATION 2	Jace + chest
P	a) Trade, profession or articular kind of work	(accidental)
	b) General nature of industry	An Course failding CWSB A
b	usiness, or establishment in vaich employed or (employer)	(Duration) yrs ds.
100		Contributory Secondary
9 :	SIRTHPLACE (State or country)	(Duration) yrs mos
-	10 NAME OF A A	Madelles me to
	FATHER John Creek	(Signed) M. D.
	11 BIRTHPLACE	18 1980 (Address) UNWADOWN ME
TS	OF FATHER	*State the Disease Causing Death, of In deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
Z	(State or country)	Accidental, Suicidal or Homicidal.
AR	12 MAIDEN NAME MALAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
D	18 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER	At place of death yra mos. Ads. Aftate yrs de.
	(State or country)	Where was disease contracted, Johnson Mg.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or PH: Just
		usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	Drury Cemelarn 19, 1230
FA.0	0 0 0	20 UNDERTAKER ADDRESS
15	Filed fra 8 1930 trays c for a sus	Tuly Tallet (Romer
-	/Registral	Sa Pales Properties V S No. 1
1	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

AFO

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning cfillness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farner (reor given up on account of the DISEASE CAUSING DEATH-Housemuid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile fectory. The material For many occupations a single word or term on Furm laborer, Laborer-Coul mine, etc. without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Salesman. Locomotive engineer, (b) Grocery, Wom-

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; "uphoid fever (never report "Typhoid Pneumonia"; ohar pneumonia, Bronchopneumonia ("Pneumonia,")

BURRAU

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Scnile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchojmcumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstit at nephritis, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid - probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS.OF INJURY by Committee on . Nomenclature valrular heart disease; ctc. The contributory The nature of the injury, Always qualify all of the

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1PLACE OF DEATH	08884 STATE OF MARYLAND
County (Mile arundel	CERTIFICATE OF DEATH
1	Trust Lawing & Registration Dist. No. 22
Village or City (No.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and
2FULL NAME NUMBER SONOES	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colores Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH My Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1928. to any 21, 1920, that I last saw his alive on any 21, 1967.
7 AGE 17 yrs. 1 mos. 2 2 ds. If LESS than I day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Pulmovary Februarion
(b) General nature of industry Juntate of Alesot business, or establishment in which employed or (employer) for Trulle-Minded	Contributory Kulla - Mundedules
9 BIRTHPLACE (State or country) Washington D. C.	Contributory Secondary (Duration) / Jyrs // mos 2 2 ds.
10 NAME OF Charles Civekit	(Signed) Museut Tyrum M. D.
OF FATHER (State or country) Worth Carolina	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Lucillia Neys	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mauyland	At place 2 yrs mos. \(\frac{1}{2} \) ds. In the 2 yrs mos. \(\frac{1}{2} \) ds. Where was disease contracted,
(Informant) Charity Hills	if not at place of death? Former or usual residence Marlington De
(Address) 262 Warren 4r. n. E. Work O. C.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DE 1930
Filed au 23 1980 blasa M Hasluh Registras	Distur having felood amongstin function
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Automobile factory. The material But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; not be

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V. S. No. 1

N. B.

	OF DEATH	***********		9202534		MARYLAND E OF DEATH
			magail !		Registration	Dist. No. 27
Village or City Annapolis (No. II4 Hig			70C	St.: Ware	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)	
PERSON	AL AND STATISTI	CAL PARTICU	ILARS	MEDICAL CERTIFICATE OF DEATH		
Male.	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		16 DATE OF DEATH	, .	17 , 1980 (Day) (Year)
6 DATE OF BIR	H Aug	31	, 1868	Mar 10	CERTIFY, That 1 at	mar 17, 1930.
	(Month)	(Day)	(Year)			Mar. 17, 19030,
7 AGE	I yrs. 6	mos. 17 ds.	If LESS than I day hrs. or min.?	The CAUSE OF DEA	red on the date state TH * was as follows: Wy as a Lia	
(a) Trade, profession or Cotractor particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Scotland			Contributory Secondary	(Duration)	Ranchilis 2 yrs mos ds.	
10 NAME OF	John. Cr	omar,		(Signed) 17 19	(Address) Quin	Markey M. D.
OF FATHE	country) Scotl	and		*State the D Violent Causes, s Accidental, Suicidal	isease Causing Deat tate (1) Means of or Homicidal.	or, in deaths from injury and (2) Whether
OF MOTH	er Ann.	George,			SIDENCE (For Hosp	oitals, Institutions, Trans-
13 BIRTHPL OF MOTH (State or	ER Sout?	and		At place of deathyrsr		ateyrsmosds.
,	TRUE TO THE BEST			Where was disease confirmed at place of deal Former or usual residence		
and the same of th	ss) Annapoli			cedar Blu		Mar 19th 1930
- CX	418 19230 g	7	Registrar	DED UNDERTAKER B. L. HO		Annapolis. Mo

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile fuctory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as For persons who have no occupation Stationary firemon, etc. But in many As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted teen for the same disease, Examples: ("ercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Mcosles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemiu," "Weakness," etc., when a definite disease stated unless important. (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondar; or intercurrent) affection Whooping cough; Chronic Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway troin "Atrophy." "Collapse." "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvulor heart disease; Example: Measles (disease etc. The contributory nee'd not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH		06390 STATE OF
County a. G.		CERTIFICAT
1 1.0	(13)	Registration
Village or City 1 Anduron (No.		St.:War
FULL NAME Cliasle	o Cim	mill
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE
S SEX 4 COLOR OR RACE SINGLE. MARRIED WIDOWE OR DIVO (Write the	D. RCED	16 DATE OF DEATH (Month)
B DATE OF BIRTH FN 9	, 1930	170 I HEREBY (ERTIFY, That I a
(Month) / (Da		thet I lest sew har alive on
7 AGE	If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
a) Trade, profession or child particular kind of work (b) General nature of industry		
business, or establishment in which employed or (employer)	***************************************	(Duration)
9 BIRTHPLACE (State or country)	und	Contributory Secondary (Durstion)
10 NAME OF LA SALES CA	murell	(Signed) For C.
O II BIRTHPLACE	9	Mus J.D 1923 . (Address) Als
OF FATHER (State or country) (12 MAIDEN NAME)	- hol.	*State the Discase Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.
of MOTHER Sta Hay	ac.	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) a 4, Co	· not.	At place of deathyrsmosds. In the state of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KN	OWLEDGE	Where was disease contracted, if not at place of dee.h?
(Informant Chaleau Co	morel	Former or usual residence
(Address) Shidur	4 Mil	Broad que L Colul
15 File July 30 1923 2 1924 6	C. Registrar	S. N. B. par per.
If more branks are needed add	res State Registrar	, 16 W. Seratoga St., Balto., Requesting V

MARYLAND

OF DEATH

Dist. No.

(If deeth occurred in a hospital or institu-tion, give its NAME in-steed of street and number.)

OF DEATH ___(Day)____(Year)___ ended the deceased from above, at 44 m.

or, in deaths from ary and (2) Whether

itels, Institutions, Trans-

.....yrs.....mos.....

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or Al Home, and children, not gainfully emen at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on Compositor, For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condichronic valvuus nenhritis, etc. The contributory

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WRITE

Village of City Quicafolis (No. 83. Ca	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 7 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWELL OR DIVORCED (Write the word)	16 DATE OF DEATH Golden 20 , 1930
Thous 1860	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
B OCCUPATION B	
particular kind of work 01 000 000	0 0
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Ballin or Md	Contributory Secondary (Duration) yrs. mos ds. (Duration) yrs. mos ds.
FATHER unknown Crossewell	(Signed) Juliu W, Underbur Justil of Taylere BM. D.
State or country) un known	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER GENTIEHA Cromwel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Balling OF 11 (6)	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informance) Richard Brica	Former or usual residence
(Address) 10 Clay 91	Portwerfull (&m - 10, 23, 1930
15 Filed Set 2/ 19230 frage C. Segistrar	ADDRESS 47 Washington 16 W. Saratora St., Balton Requesting V. S. No. 1.

Judge anderson

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-" etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal minc, etc. Wom-Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro pined fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

8

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If this certificate is looked over thoroughly and all questions

1939

Zapproved by American Medical Association.) stated unless important. (Recommendations on statement of cause of death (stapus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be "(Atrophy," "Collapse," "Coma," "Convulsions," illity" ("Congenital," "Senile," etc.), "Dropsy," haustion," "Heart failure," "Haemorrhage," peritonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease etc. The contributory

BINDING

FOR

MARGIN RESERVED

stated EXACTLY, PHYSiproperly classified. Exact of certificate. should be stated PERMANENT that it may be in plain terms so that I ACE V. supplied. WITH UNFADING INK--THIS ation should be carefully CAUSE OF DEATH in pial s very important. --Every item of information scians should state CAUSI statement of OCCUPATION

PLACE OF DEATH	
County Anne Usundel	12114
Village or City Churchlin (No.	90
2FULL NAME James a	Prowney
PERSONAL AND STATISTICAL PARTICULARS	MEDIC
3 SEX . 4 COLOR OR RACE SINGLE, MARRIED, MUNICAL OR DIVORCED (Write the word)	18 DATE OF DEATH
B DATE OF BIRTH Jan 28, 1873	17 JI HEREB
7 AGE (Month) (Day) (Year) 7 AGE If LESS th day h	an and that death occurs. The CAUSE OF DEA
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Chron
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Md 14 MIDEN NAME OF MOTHER (State or country) Md	Contributory Secondary (Signed)
(Informant) Ser Prowner (Address) Shunchlin MA	former or usual residence

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME innumber.)

MEDICAL CERTIFICATE OF DEATH

()CA		12	, 1923/)
(Mon	th)	(Day)	(Year)
17 HEREBY CERTIFY, TH	at I atte	ended the d	eceased from
Leb 20 1930 . to	Do	1 12	, 1923.0
that I last saw ham alive on	()el	12	, 1923.6)
and that death occurred on the day		above, at	30 Pm.
The CAUSE OF DEATH * was as fo	lows:		
A A	··· /	12 1	
Ohsone Rep	herr	2	34
			1
(Duretic	on)		mosds.
Contributory			••••••••••••
Secondary		7	
Dureti	on)	yra	mosds.
(Signed) Lev Tali	1		
1)01-13 1980 (Address)	esu		
*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	Death, s of In	or, in de jury and (2	aths from) Whether
IB LENGTH OF RESIDENCE (For	Hospit	els, Institu	tions, Trans-
ients or Recent Residents)			
At place of deathyrsmosds.	In the State		mosds.
Where was disease contracted, if not at place of death?			**************************************
Former or ususl residence	**************		••••••••
19 PLACE OF BURIAL OR REMOVA	L	DATE OF	FBURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, laborer, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed -Coal mine, etc. not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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V. S. No. 1

PLACE OF DEATH	CERTIFICATE OF DEATH
Village or City Juniohrles (No. 10 Hr	Registration Dist. No.
Village or City & Mulupoles (No. 10 PT) 2FUEL NAME Buly Day	St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street ond number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 10 , 1923 0 (Month) (Day) (Year)
6 DATE OF BIRTH March 10, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw him alive on the last 192 to 1923 a,
7 AGE If LESS than I day hrs. hrs. ds. or min.?	and that death occurred on the date stated above, at 6 2 1 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vrs. mos ds.
9 BIRTHPLACE (State or country) Unicapolis Myd	Contributory Secondary (Duration) yrs mos ds,
10 NAME OF Harry Daniels	(Signed) Fry G C M. D. M. D. M. D. M. D. M. D.
OF FATHER (State or country) Q Q & Ufd.	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Tillean Coveres	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Q. Q. Q. W. 244.	At place of death yrs mos ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) dellar Daniels	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Tarrespolis 244	Codas Bloff Cent Mar 12 1030
15 Filedmarch 1/ 1923 of Joy 4 C. Fr a Har	John Uf. Taylor Clourspoli
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Wyd,

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

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"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic etc. affection need vabrular heart Nomenclature of the The contributory disease; not be

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stated EXACTLY, P certificate. eq pe BINDING it may be should n terms so that i See instructions 口田 FOR supplied. RESERVED be carefully EATH in piai importan MARGIN SE OF DE of information state CAU Every item of ir CIANS should a statement of OC

PLACE OF DEATH

County

Village or City

3 SEX

7 AGE

ENTS

2

female

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or Barticular kind of work

(State or country)

OF FATHER

12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER

File Que 31

(State or country)

(State or Country)

14 THE ABOVE STRUE TO THE BEST OF MY

10 NAME OF

FATHER 11 BIRTHPLACE

(b) General nature of industry business, or establishment in

which employed or (employer)

Anne Arundel

PERSONAL AND STATISTICAL P

4 COLOR OR RACE

unknown

Crownsville, Maryland

32 vrs. unknown

14556



STATE OF MARYLAND CERTIFICATE OF DEATH

LICAL		DEATH
gistration	Dist. No	21

Crownsville State Hospital

(If death occurred in a hospital or institu-tion, give its NAME instead of street and number.)

Helen Dashiell 2FULL NAME

ND STATISTICAL	PARTICL	JLARS	
black w	NGLE. MEARRIED, IDOWED, REDIVORCED Vite the word		16 DAT
inknown (Month)	(Day)	, 1898 (Year)	Se that I
yrs. unknow		[If LESS than I day hrs. or min.?	
or ork f industry ment in mployer)	lousewo	rk	
Marylan	ıd		Se
Horace N Maryland			(Signed) De C
Emms (Un	known)		18 LEN
, Marylan		- FD-CF	At place of death Where if not
Hospital R			Former ususi re

MEDICAL CERTIFICATE OF DEATH	
December 31st (Month) (Day) (Year	
17 I HEREBY CERTIFY, That I attended the deceased i	
Sept. 3 192 30 to Dec. 31st , 192	
that I last saw her alive on Dec. 31st., 192	30
and that death occurred on the date stated above, at 8:30Å. The CAUSE OF DEATH * was as follows: Anemia	m.
(Durstion) yrs. 3 mos	ds.
(Signed) (Address) Crowneville, Md.	ds,
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	n
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)	rans-
At place of death yrs. 3 mos 28 ds. In the State Tily 16 dt. imes. Where was disease contracted, if not at place of death?	ds.
Former or Wicomico County, Maryla	nd_
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER DATE OF BURIAL ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	L

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Fannel tree or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the Coal mine, etc. Wom-(6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DF-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhnid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway train. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease letanus) may be stated under the head of "contributory." "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY " "Marasmus, " "Old Age, " "Shock, Committee on Nomenclature of the Chronic valvular heart disease nephritis, etc. The contributory Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Q Q'	01297 STATE OF MARYLAND CERTIFICATE OF DEATH
Villag Vor Lity amapoli (No. West &	Registration Dist. No. 7 St.: Ward) Control of Latter of DEATH (If death occurred in a hospital or institution, give its NAME in stend of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wildow OR DIVORCED (Write the word)	16 DATE OF DEATH 4 3 , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH 2 Jack 7 (Month) (Day) (Year)	that I last saw h salive on 1950.
7 AGE Second Process of the second proces	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	allema l'Eclores
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Ballenere 744	Contributory Secondary
10 NAME OF FATHER PLOSMAS J Juillieum	(Signo) Alle Vares M. [M. 193 (Address) Quesofle Ou
OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER MAN De Lella	*State the Disease Causing Death, or, in deaths from Violent Causea, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
(Informant) P. M. Kendree Davis	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Christopolis Well 15 Filed W 4 1923 D fry 4 5 free 24	Cedar Bluf Cent Fely 5, 1930 30 ANDERTAKER Daylor Compapels
If more bianks are needed, address State Registrar	,46 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, nner, (0) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Archited, Locomotive engineer, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee on Chronic etc. affection need not be valvular heart disease; Nomenclature The contributory Always qualify all

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3. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County U.	CERTIFICATE OF DEATH
1 Merk	Registration Dist. No. 24
Village or City Munapolis (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH W. 74, 1970. (Month) (Day) (4 2 (Year)
6 DATE OF BIRTH Muknown, 1	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Walive on MW , 1984
7 AGE If LESS than I dayhrs. ormin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or House work (b) General nature of industry	(cause entrum)
business, or establishment in	(Durstion) vis. mos / O de
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 12 CONTROL 13 BIRTHPLACE 14 CONTROL 15 CONTROL 16 CONTROL 17 CONTROL 18 CONTROL 19 CONTROL 10 NAME OF FATHER 11 BIRTHPLACE 1	Contributory Secondary (Duration) yrs mos ds (Signed) WWW Global M. D 199W (Address) WWW WWW
OF FATHER (State or country) U. U. Co. 24d. 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) R. F. D. 2 amapolis Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MW - 24 1930 20 UN DERTAKER ADDRESS
Filed har 23" 19230 fray G. for 2001 Registrar	John W. Saylor Asmapolis 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer frereport specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many As examples: (a)

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory not be

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1930

WRITE

N. B.

PLACE	OF	DEATH
County	Ann	e Arundel

STATE OF	MAK	YLAND
CERTIFICATE	OF	DEATI
		2

Village or C	Cro.	vnsville State H	Registration Dist. No. 21
	FULL NAME	Ernest Davis	St.: Ward) (If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.)
PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex male	4 COLOR OR RACE black	5 SINGLE, MOTTICO MARRIED, WIDOWED. OR DIVORCED (Write the word)	January 20th , 192/30 (Month) (Day) (Year)
6 DATE OF E	The second second	cnown 1892	HEREBY CERTIFY, That I attended the deceased from
	(Month)	(Day) (Year)	that I last saw h Imalive on January 20th, 192 30
7 AGE	38 _{yrs.} unkr	If LESS that I day hrs or min.	. The CAUSE OF DEATH * was as follows:
particular k	profession or kind of work	Farmer	mitral regurgitation
business, or	r establishment in loyed or (employer)	q=====================================	(Duration)mos
9 SIRTHPLAC (State or		land	Contributory Chronic interstitial Secondary nephritis A Description 1 yes mos ds.
10 NAME FATHE	John John	Wesley Davis	(Skened) 1971 / Miles 12 M. D.
OF FA' (State		yland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAID	EL NAME EL NO	ra Davis, dead	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTH OF MO (State		land	ients or Recent Residents) At place 8 of death yrs mos. ds.
14 THE ABOV	E IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informa	Mospital	Records	Former or usual residence. Prince George's County, Md.
(Ac	dress) Crownsvi	lle, Maryland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Line 123, 19 3
Filed Filed	un & 1 19230 Jr	y 6 c. fr a ne	Deo UNDERTAKER & Ryon Haldon mil

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature

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Exacement of Lause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal favor (the only definite synonym is, "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "PUERPREAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia." "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia inges. perifonacum, etc., Caroinoma, Sarcoma, etc., of Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemor stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meastes; inqualified, is indefinite); Tuberculosis of lungs, menvulsions." Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MINANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal (Recommendations on state-(second-(merely not be

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V. S. No. 1

X	4	PHYSI- d. Exact
A	CORD	that it may be properly classified. Exact
NG	A PERMANENT	ACE should be stated EXAC that it may be properly class
OR BINDING	PERM/	ehould t it may
S	S A	ACE

CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street are number.) MEDICAL CERTIFICATE OF DEATH DEATH (Month) (Month) (Day) (Year) IEREBY CERTIFY, That I attended the deceased from the date stated above, at least on the date stated above, at least of the deceased from the date stated above, at least of the date stated above, at leas
St.: Ward) (If death occurred a hospital or institution, give its NAME is stend of street an number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) (EREBY CERTIFY, That I attended the deceased from the date stated above, at least the pearly as as follows:
A hospital or institution, give its NAME is stend of street as number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) MEREBY CERTIFY, That I attended the deceased from the date stated above, at hoccurred on the date stated above.
ition, give its NAME stead of street a number.) MEDICAL CERTIFICATE OF DEATH DEATH (Month) (Day) (Year) IEREBY CERTIFY, That I attended the deceased from the date stated above, at the date stated
(Month) (Day) (Year) IEREBY CERTIFY, That I attended the deceased from 1920 to 1920 t
(Month) (Day) (Year) IEREBY CERTIFY, That I attended the deceased from 1920 to 1920 t
(Month) (Day) (Year) IEREBY CERTIFY, That I attended the deceased from 1920 to 1920, to 1920
(Month) (Day) (Year) IEREBY CERTIFY, That I attended the deceased from 1920 to 1920 The process of the date stated above, at 1920 The DEATH * was as follows:
IEREBY CERTIFY, That I attended the deceased from 1920 to 1920
h occurred on the date stated above, at A
h occurred on the date stated above, at
F DEATH * was as follows:
- chiti;
yrsmosmos
ry
(Duration) yrs
Wayel:
1923 o (Address) alur Jayta m
the Disease Causing Death, or, in deaths from uses, state (1) Means of Injury and (2) Whether
Suicidal or Homicidal.
OF RESIDENCE (For Hospitals, Institutions, Tra
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BURIAL OR REMOVAL OATE OF BURIAL
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The state of the s

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, Chronic etc. affection need not be valvular heart Nomenclature of the The contributory Always qualify all disease;

If this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

No. 1 10 >

PLACE OF DEATH County Cluve and	13454 STATE OF MARYLAND CERTIFICATE OF DEATH
A	Registration Dist. No.
Village or City Motor (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 26, 1923. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 192, 192, 192, 192,
7 AGE III LESS than	and that death occurred on the date stated above, atm.
l day hrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.}	
8 OCCUPATION (a) Trade, profession or particular kind of work	Stul booth
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)ds,
(State or country) and all	Contributory Secondary (Durstion yrs mos ds.
FATHER Treston wright	(Signed lembrose (uncer M. D.
State or country Many ant hy	*State the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Westla pay	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
P. to Objectif	Former or usual residence
(Informant) Reserve going w	19, PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) V. marghuts	Troad neck lenge 11: 28,030
15 Filed Mr 28 19232 frage c. fr 69	Pristry Hught IV Mengants
If more banks are needed, addre state Negistra	r, 16 W. Saratoga St., Balso., Lequesting V. S. ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemia cerebros in al meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

American Medical Association.) (Recommendations on statement of cause of death approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping cough; as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF DEATH	02536 STATE OF MARYLAND
County Or a	CERTIFICATE OF DEATH
6	101-02
Village or City Chunapolis (No Converges 2FULL NAME Thomas Free	sey Hospital St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White Single, MARRIED, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH Mar. 3 , 1923. (Month) (Day) (Year)
6 DATE OF BIRTH Way 39, 1847	17 HEREBY CERTIFY, That I attended the deceased from Ful. 26 1930 to Mar 3, 1923
(Month) (Day) (Year) 7 AGE (If LESS than	that I last saw hattelive on Man 3, 19230
81 yrs. 10 mos. Q ds. or min.?	The CAUSE OF DEATH * was a follows:
B OCCUPATION (a) Trade, profession or particular kind of work Salesman for	
(b) General nature of industry business, or establishment in which employed or (employer) Musery Rants	Contributory Chr. Mephrilis. Mmocardit
9 BIRTHPLACE (State or country) Deale G.G. C. Md.	+ arterio seleasticaion) mismanon
10 NAME OF FATHER James Deale	(Signed) 9. Willis Martin M. D. 3/3 19230(Address) amapair mo
OF FATHER (State or country) Q. Q. Co. 244.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Chyabelle Morman 13 BIRTHPLACE	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) W. a. Co. Wdd,	At place of death yrs mos 6 ds. In the State Walker and of the State o
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, fruith are annoyans
(Informant) My Hvincen Clivil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Systle Circupolis Med.	Cedar Bluff Cent March 4, 1,30
15 Fildsarch 3 1923 d Juga c. Jo u Tura	John M. Vayler amopolis
If more blanks are needed, address State Registrar	(16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never rcturn "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, laborer, worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Salesman, (b) Locomotive engineer, Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee op Nomenclature Chronic etc. valvular heart disease; The contributory



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PLACE OF DEATH	13485 STATE OF MARYLAND
County Arms Soundel.	© CERTIFICATE OF DEATH
	Registration Dist. No. 23
1 :4: 1/1	N. O.
Village or City / MURICIANON /4/5	Ward) (If death occurred in a hospital or institu-
Chill D	tion, give its NAME in-
2FULL NAME	out I ghamal number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
WIDOWED.	3 /807 , 1925
(Write the word)	(Month) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1100 2, 1930	, 192, to, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	and that death occurred on the date stated above, at
Asch from I day hrs. or min.	The CAUSE OF DEATH * was as follows:
BOCCUPATION	full Prost
(a) Trade, profession or particular kind of work	
(b) General nature of industry	`
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 FIRTHPLACE	Contributary
(State of country)	(Duration) yrs most ds.
10 NAME OF	Martin Massaull
FATHER John De Grange	[No / \ \ \ \ \
OF FATHER	*State the Prease Couring Death, or, in feath from
Z (State or country) / // / / / / / / / / / / / / / / / /	*State the Viscase Crusian Death, or, in eath from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs nos ds. State yrs ds.
(State or county) Ullimer (State or county)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Format on
(Informant) aure I relieurs duystes	psyal residence DATE OF BURIAL
(Address) Lulliteun Kath My	I lemma of on 19
15 - 6 DY A - 3 - 19/1 A NOT - 1	20 UNDERTAKER ADDRESS
Filed O 1 0V 192 0 1 MANUL WARD Registrar	Minne
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Womperson, irrespective of not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS.
EASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--

PLACE OF DEATH County Anne Arundel	Porphison So	n 13486	STATE OF N CERTIFICATE Registration I	OF DEATH
Village or City Bodkin Creek (No	e La Barr		St.:Ward)	(If death occurred is a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICU	ILARS	MEDICA	AL CERTIFICATE C	F DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. male White OR DIVORCED (Write the word)	married			, 19 3 0(Day)(Year)
6 DATE OF BIRTH (Month) (Day)	1 90I ····	1 HEREBY	CERTIFY, That I atte	ended the deceased from , 192, 192
7 AGE 29 yrs. mos. de. OCCUPATION (a) Trade, profession or Bank Clerk particular kind of work	I day hrs. Th	e CAUSE OF DEAT	H * was as follows: drowning	above, atm
(b) General nature of industry business, or establishment in quarantee Tru which employed or (employer)	ust Co.		(Durstion)	yrsd
(State or country) Santiago, Chile 10 NAME OF FATHER Thomas De La l 11 BIRTHPLACE OF FATHER (State or country) Chile	פייי פה	II-18 150	(Address)Pasac	or, in deaths from jury and (2) Whether
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL	At of William For	LENGTH OF RES	SIDENCE (For Hospit sidents) In the State acted, 17	eyrsmosd
(Address) Fouritable Rider Filed //~ /8 190 2.2.	19 (20)	place of Burial cremated undertaker	OR REMOVAL	DATE OF BURIAL II-20 , 1930 ADDRESS Royal ave.

If more bianks are needed, address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a er," etc., without more process. To all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The materia (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> tclanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not

If this certificate is looken over thoroughly and all questions answered in detail, it will present further correspondence. All the correspondence.



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	N. B.—Every item of information should be carefully supplied. ACE should be stated EXA CIANS should state CAUSE OF DEATH in plain terms so that it may be properly of statement of OCCUPATION is very Important. See instructions on back of certificat
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PLACE OF DEATH	93885 STATE OF MARYLAND
County C. C.	CERTIFICATE OF DEATH
α	Registration Dist. No.
Village or City Annafolis (No. 15 Cary Densel	St: / Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesuale Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Lug , 192 6 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That attended the deceased from 23 195 4 to the 192 0 that I last saw h alive on 0 192 .
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at from the CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds. Contributory Secondary
(State or country) Maryland 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Maryland Maryland Maryland	(Signed) (Address) (Samed) (Signed) (Address) (M. D. *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds.
(Informant) Charles Denses (Address) Constant C	Where was disease contracted, if not at place of dea.h? Former or usual residence
Registrar If more blanks are needed, addre. State Registrar	foliu M. Vaylor Uniofe olles , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage,") (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

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85 2

	PLACE OF DEATH	02537 STATE OF MARYLAND CERTIFICATE OF DEATH
	age or City Steady Side (No.	Registration Dist. No St.: Ward) (If double occurred in
Villa	2 FULL NAME Baly Boy Jon	a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	A COLOR OR RACE SINGLE, MARRIED, WILLOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) If Light Death 24, 130 (Month) (Day) (Year)
6 D.	Mouth (Day) (Year)	Mark 21 1920, to Mark 24, 1930 that I last saw h an alive on Mark 23, 1980
7 AG		The CAUSE OF DEATH of was as follows:
(a) pa (b)	CCUPATION) Trade, profession or articular kind of work O General nature of industry usiness, or establishment in hich employed or (employer)	(Duration)yrs
	RTHPLACE (State or country)	Contributory Secondary (Duration)yrsmosd
	16 NAME OF Courtney Lang	(Signed) Africa M. C. M.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violeni Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER Jues 9. Mathems	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. de
14 7	(Information of the Best of My Knowledge	if not at place of death? Former or usual residence
Specific Cont.	(All Strady hide	SL Pauls Church Ma 25, 1936
15	Filed Mu 25 1930 Ges & Sent Registrar	920 ENDERTAKER Shory Shedy Didle
	If more blavier are maried address State Desirtuan	10 W Separation St. Palla Peganoting V S No 1

02537

(Approved by U. S. Ccusus and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up ou account of the disease causing Death Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ccal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthonia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e.g., scpsis, totanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, of "Puerpenal septicaemia," "Puerpenal peritonitis," etc. diseases resulting from childbirth or misearriage as symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. ment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. The na-State eause for which surgical operation was under ean be ascertained as the cause. "Uraemla," "Weaknes.." etc., when a definite disease vulsions." (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) Examples: Accidental divorning; Struck by railway Whooping cough; FOR VIOLENT DEATITS STATE MEANS OF INJURY "Debility" Chronic valvulur heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-Always qualify all The contributory (second-(disease

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V. S. No. 1

PLACE OF DEATH County anne arundel	03909 STATE OF MARYLAND CERTIFICATE OF DEATH
/ 34 %	strict having Registration Dist. No.
Village or City / Ma (No	School St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH Acril 16 , 19830 (Month) (Day) (Year)
6 DATE OF BIRTH October 5 1911	17 I HEREBY CERTIFY, That I attended the deceased from 1929, to april 15, 19236
(Month) (Day) (Year) 7 AGE If LESS than	
/8 yrs. 5 mos. 10 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	acute endocarditis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos / 5 de. Contributory I deacy:
9 BIRTHPLACE (State or country) Trackington D.C.	Secondary (Duration) / J yrs. 5 mos. Ads.
FATHER Gilbert Dent	(Signed) M. D. Quiel 16 19830(Address) Arrandlia Juntion had
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Martha Blackistone	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Many land	At place of death yrs 4 mos 2 ds. In the State yrs 4 mos 2 ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence [737 Devoushiel lace N.N. Wash. D.C.
(Informant) I about sent	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 2737 Devousline Place n. Wash	Wash. DC. april 17, 1934
Filed Soil 6 1920 lana M Dasley	UL Space. Wash DC
If more bianks are needed, address State Registrat	, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanum as Luglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "IIa filme," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; contributory Measles;

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	WITH
1	WRITE LAINEY,

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County (1.	CERTIFICATE OF DEATH
6	Registration Dist, No. 27
Village or City Umapolis (No Comerges 2FUEL NAME Baly Kel	St.: 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
While White Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Culy 27th, 1930 (Nonth) (Day) (Year)
6 BATE OF BIRTH (Month) (Day), 1930 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from light 27 1920, to that I last saw h the alive on June 27 1920.
7 AGE If LESS than I day hrs. or 45 min.?	and that death occurred on the date stated above, at 420 A m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	
Dusiness, or establishment in which employed or (employer)	(Durstion)ds,
9 BIRTHPLACE (State or country) (Lines 4. 4. 2006)	Contributory Secondary
10 NAME OF FATHER Harry H. Deringer 11 BIRTHPLACE OF FATHER (State or country) Many land	(Signed)
of MOTHER Mahl Hawkins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	ients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Harry N' a Crey (S. V.) (Address) (295 Frug 44. ft 2004)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Chestutown 24d. July 27, 1930.
15 Filesty 27 1923 of say CC. fregistras	John My Laylor Consapol
If more blanks are needed, address State Registral	A6 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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properly classified.

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	WRITE P. NLY, WITH UNFADING INKTHIS IS A PERMAN	Every item of Information should be carefully supplied AGE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back
	VR	SE
	>	AAR
		S C S

M

2

S. No. 1

(Address)

	PLACE OF DEATH County Anna Doundel	
Vill	lage or City Perndale (No. Eugenia	-
	2FULL NAME Styl BOTY	
-	PERSONAL AND STATISTICAL PARTICULARS	
3 5	MARRIEO, WIDOWED, OR DIVORCED (Write the word)	1
6 0	DATE OF BIRTH	
	(Month) (Day) (Year)	t
7 A		a
	alegretiemos ds. or min.?	7
(le b	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	
9 5	(State or country) made - Maryland	
PARENTS	10 NAME OF FATHER PLACE 11 BIRTHPLACE OF FATHER (State or country Alls most Ctg. M.) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country) (State or country)	11
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	i
	me Mill a land to reclaim col	ι

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended the deceased from
, 192, 192,
that I last saw halive on, 192,
and that death occured on the date stated above, at
The CAUSE OF DEATH * was as follows:
Stell born 300 month
(Signed) #State the Disease Causing Death, or, in desths from Violent Causis, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homioidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the
of death
if not at place of death?
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAD
Disposed of on treming 20 dels. 1930 adoress

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

played, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: '(a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Laborer worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Fealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Tryssician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocr," etc., Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm leborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Architect, (6) ing teria Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal ineningitis"); Diphtheria (avoid use of "Crocp"by "uphoid fever (never report "Typhoid Pneumonia"); whar pneumonia. Bronchopneumonia ("Pneumonia");

1930

permanently filed.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate in approved carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, thunus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus, tions, such as "Asthonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of accident; Revolver around of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mer-Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature cough; Chronic " "Old Age, affection need not etc. valvular The contributory Always qualify all heart " Shock," Measles disease;

of certificate

See instructions

important.

(Informant)

	PLACE	OF DE	ATH				
1	County An	ne Ar	undel		-		
/il	lage or City	Moun	tain R	ad	(No		
	²FUL	L NAME	Ma.	ry	Alice	Despe	r
	PERSON	AL AND	STATIST	CAL	PARTIC	ULARS	
U,	emale	whi	te	OR	GLE, RRIED, DOWED, DIVORCE ite the word		1
3 0	ATE OF BIR	тн					
			anuary (Month)	••••••	30 (Day)	, 193 (Yes	
' A	GE	yı	rs. 6	mos	- d	lf LESS	hrs. 7
) (i	CCUPATION a) Trade, pro articular kind	ofession o		******	22 200 2 22 200 0 0 0 0 0 0 0 0		4
(I	o) General na usiness, or es which employe	ture of in	ndustry nt in	******		00 = 0 = o = o 0 0 0 0 0 0 0 0 0 0 0 0 0	
E	State or cou	ntry)	P.O. I	asa	dena,	Md.	
	10 NAME O	F	Sandy	в.	Despe	r	(
RENTS	11 BIRTHPL OF FATH (State or	ER	Va.				
PARE	12 MAIDEN OF MOTH		Elker	ch.	aney		1
	13 BIRTHPL OF MOTH (State or	ER	Md.				A

TRUE TO THE BEST OF MY KNOWLEDGE Ellen Desper

P. OPasadena. Ma

07591 STATE OF MARYLAND CERTIFICATE OF DEATH

.....Ward)

Registration Dist. No. 21

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH July	30 , 1930
17 I HEREBY CERTIFY, That I at	(Year) tended the deceased from
192 to	, 192
that I last saw halive on	192
and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	
Infantile marasmus:	
wasting will	
Contributory Filling Tumhygien Secondary	er Aurroundings
(Signed) 2. 4. (Duration)	
7-30 180 (Address) Ps	sadena, Md.
*State the Disease Causing Death Violent Causes, state (1) Meana of I Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans
At place of deathyrsmos,ds, St	e ateyrsmosds
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Magothy Cemetery	8-J 19.30
20 UNDERTAKER	ADDRESS
Sandy B. Desper	Pasadena, Md

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on cspecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation 6) Automobile factory. The material (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inaĥition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

V. S. No. 1

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NDING	RMANENT	ould be stat
FOR BI	S IS A PE	d. ACE sh
RESERVED FOR BINDING	G INKTHIS IS A PERMANENT	n plain terms so that it may be properly classified. Exact

PLACE OF DEATH	14597 STATE OF MARYLAND
County Coma Chrundel	CERTIFICATE OF DEATH
/ de	(29) Registration Dist. No. 2/
Village of Lity Gottery (No. Mornet 2FULL NAME Sandy B. De	T. 7/1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUED OR DIVORCED (Write the word)	16 DATE OF DEATH See 19, 1930
8 DATE OF BIRTH april 4 1861	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE [If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Chronis Intentity Trystraly
(b) General nature of industry business, or establishment is that Rd Seft which employed or (employed at Rd Seft 9 BIRTHPLACE (State or country)	Contributory Chronic Valvala Denus of Mas Secondary
10 NAME OF FATHER John Desfer	(Signed) Lame & Bellegal M. D. Die 20 1920 (Address) Blacksernie, Mag
OF EATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs described by the State yrs described by the Stat
In the above is true to the best of My Knowledge	if not at place of dea.h?
(Address) Magothy Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dec 21, 1936
15 Filed /3/20 19230 June / Company	Lohn & Dermy 7152. 5-14 St
If more bianks are needed, address tate Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should he used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may he entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrokpinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. approved hy Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus,
> "Uraemia," "Weakness," etc., when a definite disease "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all qu stions ie essential and must be obtained before the certificate is

S. No. 1

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PLACE OF DEATH stated EXACTLY, I properly classified of certificate. 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS SSINGLE 3 SEX COLOR OR RACE rms so that it may be instructions on back DATE OF BIRTH (Month) 7 AGE 6 OCCUPATION See (a) Trade, profession or particular kind of work (b) General nature of industry important. business, or establishment in which employed or (employer) Every item of information should CIANS should state CAUSE OF DI statement of OCCUPATION is very ENTS PARE 13 BIRTHPLACE OF MOTHER (State or Country

MARRIED WIDOWED OR DIVORCED (Write the word)

(Day)

(Year)

IIILESS tha

I day hr

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-

Registration Dist. No. -

St.: Ward)

-	tion, give its NAME is stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH /2 /20 , 1923
-	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
-	that I last saw halive on, 192,
n	and that death occurred on the date stated above, atm.
3.	The CAUSE OF DEATH * was as follows:
-	Hell Park
	(Duration)yrsmosds.
	Secondary
-	(Signed) (Daration) To mos. de.
1	13 No 1022 (Address of Spielle AR
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place In the
	of death yrs mos de. State yrs mos de.
	if not at place of death?
	Former or usual residence
1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	AURIES ADRESS
4	O UNDERTAKER RULLS
3	

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in doniestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; or intercurrent) Chronie valvular heart disease; affection need not be etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME I: stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Day) that I last saw h . A alive on (Month) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min. B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER FNU Disease Causing Death, or, in deatha from Violent Causes, state (1) Meana of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME D. 10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place in the OF MOTHER of death yrs mos ds. State.....yrs.....mos.... (State or Country) Where was disease contracted, it not at place of dea h?. TO THE BEST OF 14 THE ABOVE IS TRUE Former or usual res.dence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AD UNDERTAKER Registrai

If more blanks are needed, addre s Ltatu Kegistrar, 16 W. Saratoga St., Balto, Requesting V. S. Ivo. 1.

REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Flanter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st.ted unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, (name origin; "Cancer" is loss definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1

PLACE OF DEATH	STATE OF MARYLAND
County U - U - CO	CERTIFICATE OF DEATH
	Registration Dist. No. 24
Village or City Annopoles (No	(If death occurred In a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from 19 1980. to 0451 28, 1980.
(Month) (Day) /(Year)	that I last saw her alive on Suffer 28, 1900,
7 AGE If LESS than	and that death occurred on the date flated above, at m.
1/2 yrs. 9 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) I rade, profession or particular kind of work	
(b) General nature of industry pusiness, or establishment in thich employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Intestinal hemarkag
10 NAME OF FATHER Charles Niggs	(Signed) Jenillio Martin M. D. 9/20 Bo(Address) Annapolis W
OF FATHER (State or country) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elina Baily	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place of deathyrsmosds. In thetisds.
(Informant) City O DOWN KNOWLEDGE (Address) Jeenvel Co Para	Where was disease contracted, 23 Freewille. If not at place of deah? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 1 30/19230 for 6 e. 50 42	The State of
If more banks are needed, addre.s tate Negistrar	, 16 W. Saratoga St., Eulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) "E:haustion," "Heart murre, manufacture, "Shock," "Shock," "Old Age, " "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; I (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.X Chronic etc. The contributory valvular heart disease;

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		PLACE OF DEATH	06391 STATE OF MARYLAND
12		County (1, (1)	CERTIFICATE OF DEATH
		Sold.	Registration Dist. No.
	Vil	llage or City Susuapolo (No.	St.: Ward) (If death occurred in a hospital or Institu-
certificate	1	2FULL NAME Hun Joseph	Alsharon tion, give its NAME in stead of street and number.)
cert	<i>y</i> —	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
oack of	3 5	Wale While Services (Write the word)	16 DATE OF DEATH (14 1930 (Year)
on k	6 1	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
8	37	Fely 28, 1908	, 192, 192, 192
otio	_	(Month) (Day) (Year)	that I last saw halive on, 192,
struc	7 /	If LESS than dayhrs.	and that death occurred on the date stated above, at
ıst		22 yrs. 4 mos. / 6 ds. or min.?	Frachued Skull
See ii	(a) Trade, profession or Jenie Keeper	Club Clandent.
rtant.	b	b) General nature of industry gusiness, or establishment in Susiness, or establishment in Susiness Overhead Contractor.	(Duration) yrs. mos ds.
impo	9 E	(State or country) Elkius West The	Contributory Secondary Dyration Justin March 1988
very		10 NAME OF LEVIGE Disharon	(Signed Lown M) Amabali M
ON is	ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AT	ARE	OF MOTHER Mary C. Calu	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OCCUP		13 BIRTHPLACE OF MOTHER (State or Country). West Va.	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
of C	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
12		(House of Prople	Former or usual residence
me		(Informant) Norules & 1 OCH	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
statement	_	(Address) Baltimore My	Saltemene Uff June 14. 136
ි ග	15	Filed Jun 14 19230 Jung Le of a Megistrar	Heury W. Meur Son Ballinuri
	-	If more bianks are needed, address Stato Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health, Association.)

household only (not paid Housekeepers who receive a aborer, Farm laborer, Laborer—Loui mine, etc. wourstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary $t \cup \text{know}$ (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-,,, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The inaterial Laborer-Coul minc, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicucmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondar; or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underas fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Committee on Nomendature of the Chronic valvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County Clime Chundel	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Odlecton (No.	Registration Dist. No. 2 St.: Ward) (If death occurred in a hospital or institution, give its NAME listend of street and
2FULL NAME Audrew J.	Desney steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 56INGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. 19. 1:36 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h / Malive on Oct. 16, 1930.
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or Retire & R.R.	Chronia Myocardikis
(b) General nature of industry busineas, or eatablishment in which employed or (employer) Thermon	Contributory alerio - Schrosio de.
9 BIRTHPLACE (State or country) Q. Q. 10 NAME OF Jahua Husney	(Signed) 1930 (Address) 4 and 1815. Mg
of FATHER (State or country)	*State the lisase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Calherine Cudusy 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Q. Q. Cel,	At place of deathyrsds, In the Stateyrsds, Where was disease contracted,
(Informant) Pessis V. Llisning	if not at place of dea.h?
(Address) Odinsky mil	Oblentin Tred Oct 21, 1930
15 Filed Oct 20 130 N. L. Jones Sepy Adag Registras	H. J. Welliam Hm Walney med
If more b.anks are needed, addre s tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material g ged in domestic service for wages, as Servant, Cook, Housenaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planler, sieian, Compositor, Architect, Locomotive engineer, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But iu many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebross; inal meningitis"; Diphiheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved American Medical Association.) Ictanius) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," Ezhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," Uraemia," "Weakness," etc., when a definite disease atic), tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on cough; Chronic valvular heart ," etc., when a definite disease affection etc. The contributory Nomenclature of the necd not be discase;

If this cirtificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

classified

properly

See instructions on back of certificate.

ACE

EATH in plain

Every item of Information (CIANS should state CAUS) statement of OCCUPATION

15

OF MOTHER

(Informant)

(State or Country)

(Address)

	PLACE OF DI	Arunde		(14)	STATE OF CERTIFICATE Registration	OF DEATH
Vil	lage or City2FULL NAM		wnsville State H	ospital	St.: Ward	(If death occur a hospital or in tion, give Its NAN stead of street number.)
	PERSONAL AN	D STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
		ack	SINGLE, MATTIE d MARRIEDIATTIE d WIDOWED. OR DIVORCED (Write the word)	1	sh 25th	
6 1	DATE OF BIRTH	Un (Month)	known , 1 861 (Year)	April 13th	CERTIFY, That I att	ch 25th ,1
7 4	69	_{yrs.} unkn	If LESS than I day hrs. or min.?	The CAUSE OF DEAT	red on the date stated TH * was as follows: Tritis	
(b	OCCUPATION a) Trade, profession articular kind of wor b) General nature of usiness, or establishm rhich employed or (en	industry ent in			(Duration)	•
9 E	(State or country)	Maryla	nd	Contributory		hours
	10 NAME OF FATHER	Elij	ah Dixon	(Signed)	O _(Address) Grown	VISITE
ARENTS	OF FATHER (State or country)	Mar	yland	*State the Diviolent Causes, at	iscase Causing Death, ate (1) Means of In	
PARE	of Mother Alexzene Pennington		Accidental, Suicidal	or Homicidal. SIDENCE (For Hospi		
	12 BIRTHRI ACE			ients or Mecent Ke	sidettes/	

Maryland

Hospital Records

Crownsville, Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Death, or, In of Injury and deaths from (2) Whether and Hospitals, Institutions, Trans-

In the

At place 8 Where was disesse contracted, if not at place of des.h?.....

Ei fe bime de.

(If death occurred in a hospital or institu-tion, give Its NAME in-stead of street and

attended the deceased from

192 30

rormer or wicomico County

If more branks are needed, address State Registrar, 16 W. Saratoga St.,

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of occases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. r," etc., Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Always qualify all not be

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of certificate.

PLACE OF DEATH

County Anne Arundel

16089 STATE OF MARYLAND TH

20	CERTIFICATE OF DEA
शम्हे)	Registration Dist. No. 2

Village	or	City	Crownsville	State	Hospital

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

2FULL	NAME	Re	he	CC	8	Di	XO.	n
2FULL	NAME	Re	he	CC	8	Di	XO	

	PERSONAL AN	D STATIST	ICAL PAR	TICULARS
female black			SSINGLE. SINGLE MARRIED, WIDOWED. OR DIVORCED (Write the word)	
3 8	DATE OF BIRTH			
		Unk (Month	nown (Da	, 1 861 (Year)
7 /	AGE			If LESS than
	69	yrs. unk	nawn	ds. or min.?
(F) d	CCUPATION a) Trade, profession of control of work b) General nature of control of work business, or establishm which employed or (em	k OIIK industry ent in	nown	
_	BIRTHPLACE (State or country)	Maryla	nd	
	10 NAME OF FATHER	Unknow	n	
2	11 BIRTHPLACE OF FATHER (State or country)	Unknow	n	
PAREN	12 MAIDEN NAME OF MOTHER	Unknow	n	
	13 BIRTHPLACE OF MOTHER (State or Country)	Unknow	n	
	THE ABOVE TO TRUE	TO THE BEST	OF MY KN	IOWLEDGE
4	(Informant)	Hospita	1 Reco	rds

MEDICAL CERTIFICATE OF DEATH
September 20th 19230 (Month) (Day) (Year) T HEREBY CERTIFY, That I attended the deceased from eptember 2nd 192 6 to September 20, 19230, that I last saw her alive on September 20th, 19230, and that death occurred on the date stated above, at 11:30P m.
nd that death occurred on the date stated above, at 12.002 m. he CAUSE OF DEATH * was as follows: Serebral arteriosclerosis
Contributory Secondary Secondary M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) It place 4 yrs mos 2 ds.

Caroline County. Former or usual residence Mary land BURIAL OR REMOVAL

20 UNDERTAKER

Where was disease contracted,

if not at place of death?

DATE OF BURIAL

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er, etc., winadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. to report specifically the occupations of persons ployed as At school, or At home. Cure should be taken Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). without more precise specification as Day (b) Automobile factory. The material For persons Laborerwho have no occupation Coul mine, etc. not gainfully em-3 The ques-Grocery Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to a for the same disease. Examples: *Cerebrosianal fever the only definite synonym is *Epidemic cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Typhoid fever (never report "Typhoid Pneumonia"); *Lobor pneumonia, *Bronchopneumonia* ("Pneumonia,");

"Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by tetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) Redommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondar/ or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular etc. Nomenclature The contributory Always qualify all heart disease, not be

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PLACE OF DEATH	13488 STATE OF MARYLAND
County Huns Hundel	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Authorities (No. 2FULL NAME Aunie J. D	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Nov. 9, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Aug. 15, 1852 (Math) (Dsy) (Year)	that I last saw is a glive on Nov. 9, 1930
8 OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at 505 Pam. The CAUSE OF DEATH * was as follows:
b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) State or country)	Contributory What the Second Of The Second O
10 NAME OF FATHER John Kiernau 11 BIRTHPLACE OF FATHER	(Signed) M. D. M. D. World 193 (Address) Assurant Cur *State the Disease Causing Death, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER Treland	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Tumb bla my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 11/12 20 UNDERTAKER ADDRESS
Filed 192 Registrar	R. J. Williams Son Walesbury r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
Il more manks are needed, address State Registra	i, to in paracoga per, parton, requesting it of the re

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Laborer, laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every state occupation at beginning of illness. If retired from hou ehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation) is "Epidemic cerebroof fever (the only definite synonym is "Epidemic cerebroof spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature Recommendations on statement of cause of death Iclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the law is essential and must be obtained before the certificate is permanently filed.

DEC

5

1930

properly classified.

of certificate.

MARGIN RESERVED FOR BINDING	WRITE AINLY, WITH UNFADING INKTHIS IS A PERMANE	Every Item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that It may be statement of OCCUPATION is very important. See instructions on back
	AINLY,	f informated state CoccuPAT
	WRITE	CIANS shoul statement of

V. S. No. 1

N.B.

PLACE OF DEATH County Anne Arundel Village or City Pasadena (No.	ORIGINAL	St.: Ward) St.: Ward) St.: ward) St.: stead of street and
		VAN number.)
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
Male white 5 SINGLE.	E9 - ord)	April 4 , 1930
April 23 (Month) (Day)	, 1.849 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from April 2nd 1920 to April 4 , 1920 that I last saw h imalive on April 3rd , 1920
80 yrs. II mos. II 3 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry arpenter business, or establishment in which employed or (employer) (retire		The CAUSE OF DEATH * was as follows: Lobar pneumonia (Duration) = yrs. = mos 5 ds.
P BIRTHPLACE (State or country) England 10 NAME OF FATHER Simon Donovan 11 BIRTHPLACE England (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 England (State or country)		Contributory Secondary (Durgion) yrs
(Informant) Irs. B. Heendrich	VLEDGE	Where was disease contracted, if not at place of death? Former or usual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Pasadena

(Address)

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER Charles Evans

Redeemer

Cemeter

DATE OF BURIAL

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enshould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman, not gainfully em-But in many (b) Grocery, Wom-

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> atic), "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ". Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), affection need not be etc. valvular heart The contributory Always qualify all "Haemorrhage, disease

answered in detail, it will prevent permanently filed. data is essential and If this certificate is looked over



N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly chassified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. PERMANENT BINDING FOR WITH UNFADING INK--THIS IS MARGIN RESERVED

PLAC	E	OF	DEATH	
County	À	nne	Arundel	County

07592

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

				ospital St.:	tion, give its NAME in- stead of street and
PERS	ONAL AND STATIST	CAL PARTICU	JLARS	MEDICAL CERTIFICA	ATE OF DEATH
3 sex Male	4 COLOR OR RACE Negro	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word		JULY (Month	4 1930 192) (Day) (Year)
6 DATE OF	BIRTH Unknown (Month)		, 1	17 I HEREBY CERTIFY, That Movember 1929 to that I last saw him alive on Ju	
7 AGE	72 yrs.		If LESS than I day hrs. or min.?	and that death occurred on the date	stated above, at I 2. I O Rm.
9 BIRTHPLA (State of	e country) Maryland	Dongay		Contributory Semility Secondary	mos de
(State of	country) Maryland	Dorsey		Secondary	more de la D
Z (Stat	te or country) Mary	land		*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from
R 12 MAIL	OTHER Lary J	ane Mille	r	18 LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans
13 BIRT OF M	HPLACE OTHER te or Country)	aryland		At place of death yrs. 8 mos. I ds.	In the Stateyrsmosds
	VE IS TRUE TO THE BEST		.EDG E	Where was disease contracted, At ho if not at place of death? At ho Former or Harford Co usual residence	unty.
(A	Address) Crownsvil	le Hospit	0 0	Gravel Hill O undertaker	DATE OF BURIAL JULY 7, 19.70 ADDRESS
Filed P	oly 5 19230 7	agh C.	Byak	'Ram di son Witchell	Houma da Mara

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cases, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewifc, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write A one. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, Statement of Occupation-Precise statement of ocetc., or At Home, and children, especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons (b) Automobile factory. The material (a) the kind of work and also (b) the who have no occupation single word or term on not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever 'the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "Uruemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy." "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature Chronic valvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE	OF	DEATH
County An	ne	Arundel

05186 STATE OF MARYLAND CERTIFICATE OF DEATH

/		Registration Dist. No.
Village	or City Crownsville (Ntate Hospits 2FULL NAME Arthur Dorsey	tion, give its NAME in-
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Mal	4 COLOR OR RACE SINGLE WIDOWED. Black WIDOWED. OR DIVORCED (Write the word)	May 11th , 19230 (Month) (Day) (Year);
6 DAT	Unknown 1870? (Month) (Day) (Year)	April 24 19230 to May 11th 19230 that I last saw h im alive on May 11 1, 19230,
7 AGE	60? yrs. unknown ds. lfLESS than l day hrs. or min.?	and that death occurred on the date stated above, at 6:05P 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
busin which	cular kind of work Farmer General nature of industry less, or establishment in the employed or (employer) HPLACE tate or country) NAME OF FATHER David Dorsey, dead	Contributory Seninity Secondary (Darwing Mnknown mos ds. (Signed) (Signed)
S 11 Z W 12	BIRTHPLACE OF FATHER (State or country) Maryland MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13	of Mother Harriett ?, dead BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents) At place of deathyrsmos7 ds. In the Stateiyset_i_meds. Where was disease contracted.
	nformant Hospital Records (Address) Crownsville, Maryland	Former or usual residence Baltimore City, Maryland 19 PLACE OF BURIAL OR REMOVAL Date OF BURIAL Suck Back benefity Howard 19 10 30
15 Fil	ed my 11 19230 Josy G. E. Joya W. Registrar	Mrs. Les. He Hedland 1631 Dwid Kil
	If more branks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). busine . that faet may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Nervant, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits ean be known. The question applies to each and every person, irrespective of eupation is very important, so that the relative health-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planler, Statement of Occupation-Precise statement of ocetc., or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation not gainfully em-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature tclimus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) carbolic acid-probably suicide. The n ture of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Mcasles (disease Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (secondar) Chronic Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse." "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condi interstitial nephritis, name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic Carcinona, Sarcona, etc., of etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JULY 1930

V. S. No. 1

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Vil	County Li		00 00 00 00 00 pan gap and	lle	No.	Ho	spit
/	2FUL	L NAME	800 0000000000000000000000000000000000		Mare	are	t Do
	PERSON	IAL AND	STATIST				
	Female	4 COLOR		WID	RIED, OWED. DIVORCE te the wor	D	owed
	DATE OF BIR	тн					
		***************		nown	***********		1.861
	AGE		(Month)	(Day)	1161	(Year) ESS than
Í	102	CO.		In 3		I d	ay hrs
	0=00	69 yrs.	unith	7 10'17	1		min.?
- 10	CCUPATION a) Trade, pro	· · · · · · · · · · · · · · · · · · ·				o. Or	mın.
P (b	occupation a) Trade, properticular kind b) General natusiness, or established	ofession or d of work ature of ind stablishment	Un] ustry			o Ot.	min.,
P (b	a) Trade, pro particular kind b) General na pusiness, or es	ofession or d of work_ ature of ind stablishment ed or (emplo	Unlustry in oyer)		n	• Or .	min,
P (b	a) Trade, proparticular kind b) General na business, or es which employers	ofession or d of work ature of ind stablishment ed or (emplo	Unlustry: in oyer)	ryla	n		min.
(b)	a) Trade, pro- articular kind b) General na usiness, or es which employe (State or cou	ofession or d of work ture of ind stablishment ed or (emplo ntry)	Unlustry: in oyer)	know	n nd		min.
THEN SHOW	a) Trade, proparticular kind b) General na usiness, or es which employe BIRTHPLACE (State or cou 10 NAME OF FATHER 11 BIRTHPLACE OF FATHE	ofession or d of work ature of ind stablishment ed or (emplo ntry) F ACE ER country) NAME	Unlustry: in oyer)	cyla nown	n nd		min.
THEN SHOW	a) Trade, proparticular kind b) General neb b) Gene	ofession or d of work	Unlustry: in pyer)	cyla nown	n nd		min.
TARENIS E	a) Trade, provarticular kind b) General na usiness, or es which employe BIRTHPLACE (State or cou 10 NAME OI FATHER 11 BIRTHPL OF FATHI (State or 12 MAIDEN OF MOTH	ofession or d of work atture of ind stablishment ed or (emplo ntry) ACE ER country) NAME ER ACE ER Country)	Unlustry: in Mar Unkr Unl	cylanown known	n nd n		
PARENIS AG) T	a) Trade, proparticular kind b) General na usiness, or es suchich employe BIRTHPLACE (State or cou 10 NAME OF FATHE OF FATHE (State or 12 MAIDEN OF MOTH (State or) (State or)	ofession or d of work	Unlustry: in Mar Unkr Unl	cylanown known	n nd		

01299	
01000	STATE OF MARYLAND
(31)	CERTIFICATE OF DEATH

Registration Dist. No.

NAME Margaret Dor	tion, give its NAME is
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
black black black black black	16 DATE OF DEATH Rebruary 18th , 192 30
Unknown , 1 861	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from March 22 192 to Feb. 18th , 192 30
(Month) (Day) (Year) If LESS than I day hrs. or min.?	that I last saw h er alive on Feb. 18th , 192 30 and that death occurred on the date stated above, at 2:10 Pm. The CAUSE OF DEATH * was as follows: Pulmonary tuberculosis
ession or Unknown of work Unknown	
blishment in or (employer)	Contributory Exhaustion due to mental
Maryland	Secondary discase yes nos de.
Unknown	(Signal M. D. M. D
ountry) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
Annie ?	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
CE R Wintry) Unknown	At place 7 yrs 10 mos. 26 ds. In the State Tyis 1 moss ds. Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Crownsville, Maryland	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS
Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. M.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease " "Coma," "Convulsions, affection etc. The contributory valvular heart Nomenclature of the need Measles; not disease; be

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PLACE OF DEATH	05187 STATE OF MARYLAND
A.A.Co.	CERTIFICATE OF DEATH
County	Registration Dist. No. 20
Village or City Dag No Son 2 2 FULL NAME Miclan	St.: Ward) (If death occurred in a hospital or institu- ion, give its NAME in- elead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Mouth) (Day) (Year) I HEREBY CERTHEY, That I attended the decound from
DEC. 101 ,928	that I last saw h / Malive on A / 18 / 1980
(Month) (Day) (Year) 7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at S
s OCCUPATION (a) Trade, profession or particular kind of work	leute Bronch, his
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Into Col Li
(State or country) unland	(Duration)
10 NAME OF FATHER Of Dey	Res 17-3: M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NATE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
a of MOTHERMA Dorsey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) (State of country) (State of country)	At place of death yrs mos da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was unease contracted, if not at place of death?
(Informant) David Somille	19 If the of Burned OR REMOVAL PRE OF BURNAL
Filed May 20 19230 m. Luker Igelhard	o INDERTAKER COL DAMES Jan ville
If more blanks are needed, address State Registrar.	W. Saratoga St., Balte., Requesting V. S. No. 1

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

ployed, as At ...

to report specifically ...

gaged in donestic service for ...

House model, etc. If the occupation has
or given up on account of the Disease causing.

state occupation at beginning of illness. If retired from
business, that fact may be indicated thus: Farmer (retend 6 yrs.). For persons who have no occupation

we write None.

The same first, the Disease of Death—Name, first, the Disease of Death—Name accept
Arospinal definite salary), may be entered as Housewife, Househousehold only (not puld Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Never return "Laborer," "Foreman," "Manager," "Dealworked ou may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocory; should be used only when needed. As examples: (a) a: litional line is provided for the latter statement; it noture of the business or industry, and therefore au sar; to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-(a) Foreman. (b) Automobile factory. Statement of Occupation-Precise statement of ocetc., For many occupations a single word or term on specially in industrial employments, it is neces-Furm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day The material

spinal meningitis"); Diphtheria (avoid use of "Croup") Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (never report "Typhoid pneumonia");

> diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma." "Conconditions, such as "Asthenia," ary), 10 ds. Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, ictuaus) may be stated under the train-accident: Revolute wound of head-homicide; as probably such, if hapossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal sepidenemic." Purperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee ture of the injury, as fracture of skull, and couse-Poisoned by carbol - acid-probably suicide. Examples: Accidental drowning: Struck State cause vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Caucer" is less definite; avoid FOR VIOLENT BEATHS STATE MICANS OF INJURY "Debility" ("Congenital," "senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Carcinoma, Sarcoma, etc.. Example: Measles (Recommendations on state-"Анаетія" Uponling ud "Haemor-(second-(disease (merely

tions answered in detail, it will prevent further correspond the certificate is permanently filed ence. All the data 's essential and must be obtained before If this certificate is to ked over thoroughly and all ques-

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. PERMANENT BINDING K FOR IS UNFADING INK-THIS RESERVED MARGIN Every Item of i

S. No. 1

Z

PLACE OF DEATH

Village or City

County Anne Arundel

Crownsvill (NoState

STATE OF MARYLAND CERTIFICATE OF DEATH

	(16)	Registration	n Dist. No.
9	Hospital	St.: War	rd) (If death occurred in a hospital or institu- tion, give its NAME in-
5.	Dorsey		stead of street and number.)

PERSONAL AND	STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male black	MARRIED,	16 DATE OF DEATH October 12 , 192.30 (Month) (Day) (Year)
DATE OF BIRTH	Unknown , 1896 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from January 29 1929 to October 12 1923 (that I last saw h imalive on October 12 1923 (
AGE 33 yra	If LESS than I day hrs. unling on de. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of ind business, or establishment which employed (employed) BIRTHPLACE (State or country)	lustry in	Contributory Syphikis A
10 NAME OF FATHER	James Dorsey, dea	(Sened Control of the
OF FATHER Z (State or country)	Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	Effie Carr	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	Maryland	At place 1 of death yrs mos. 13ds. In the State Life times death
4 THE ABOVE IS TRUE TO	THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	ospital Records Crownsville, Marylan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 Filed Oct 13 1	923 D frag 6 C. frag 6	200 Delson Prestnar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servout, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory firenum, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemoid, etc. to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on OF yrs). For persons who have no occupation Form laborer, (b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Day (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. Womnot gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever 'tle only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition, "PUERPERAL septicuemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," "Exhaustion," "Heart failure," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Meosles (disease (secondar, or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences 'e g., sepsis corbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus, " "Old Age, " "Shock, Chronic valvular heart diseose nephritis, etc. The contributory ", "etc.), "Dropsy, Always qualify all contributory of the

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GOL 18 1930

BINDI	PERM/	should t it may
FOR	IS A	ACE so tha
MARGIN RESERVED FOR BINDI	TE AINLY, WITH UNFADING INKTHIS IS A PERMA	em of information should be carefully supplied. ACE should should state CAUSE OF DEATH in plain terms so that it may
M	AINCE, WITH L	of information shou
	TE	me our

V. S. No. 1

TYSI- Exact	PLACE OF DEATH		MARYLAND	
-	County a. T.	(3) CERTIFICATI	OF DEATH	
Υ, led		Registration	Dist. No. 2	
stated EXACTLY, properly classified of certificate.	Village or City 2 roofely (No. 20	o foundend Il I Ward	(If death occurred in	
	2 FULL NAME Facture Do	vell	a hospital or institu- tion, give its NAME in- stead of street and number.)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
be si be pr	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	9 Style Dirty Ott 97	(Day) (Year)	
t m	6 DATE OF BIRTH OCT 9 1 1930		tended the deceased from	
tha	(Month) (Day) (Year)	that I last saw h Manive Con	1 30 //	
piled. ACE s rms so that i instructions	Tage Jactus & male) If LESS than I day hrs.	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	i above, at	
llec ms nst	yramosds. ormin.?	P A O'	\/	
sup n te See	8 OCCUPATION (a) Trade, profession or particular kind of work	fremalise 12	del	
efully in plai tant.	(b) General nature of industry business, or establishment in		•	
rin ria	which employed or (employer)	(Durston)	yrsmosds.	
be carefully EATH in pla important.	9 BIRTHPLACE (State or country) 700 downsend Orz	Contributory Secondary	Dyre. mos, de.	
F D	10 NAME OF Win Hearst	(Signed)	husan M.D.	
о ш —	IN BIRTHPLACE OF FATHER	*State the Disease Causing Death,	or, in deaths from	
CAUS	Z (State or country) 4 5 4	Violent Causes, state (1) Means of It Accidental, Suicidal or Homicidal.	njury and (2) Whether	
- 4	of MOTHER Prairie Dovel	18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-	
f informid state	13 BIRTHPLACE OF MOTHER	At place In the		
- po	(State or country)	of deathyrsds. Stateyrsds Where was disease contracted,		
2 = 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	***************************************	
sh	(Informant) Virginia Novell	usual residence	DATE OF DUDIN	
CIANS sho statement	(Address) 200 Townsend Ooz	Un Medical School	DATE OF BURIAL	
Э. Э	Filed Oct 11 1920 Chas. H. Brooke, M	20 UNDERTAKER	ADDRESS	
Z	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed laborer, worked on may form part of the second statement. Foreman, For many occupations a single word or term on Compositor, Architect, (b) n mill; (a) Salesman, (b) Grocery;
Automobile factory. The material Locomotive engineer,

s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,"

germanently filed.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stited unless important Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular heart disease; not be

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Parm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Stationary fireman, etc. But in many Locomotive engineer, (6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. Whooping cough; American Medical Association.) tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	08887 STATE OF MARYLAND
County U	CERTIFICATE OF DEATH
h	Registration Dist. No. 27
Village or City amp and De	St.: Ward) St.: Ward) A hospitul or institution, give its NAME instead of a street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemole Cof Single, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Nonth) (Day) (Year)	that I last saw h 2 alive on 7 1923,
7 AGE	and that death occurred on the date stated above, at
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Primatin Brok
business, or establishment in which employed or (employer)	(Duration)yremoeds.
9 BIRTHPLACE (State or country) Camp Parole, 10 NAME OF FATHER Omiono homo	Contributory Secondary (Duration) (Signey) M. D. 1923 (Address)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Indry and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (Co. Cu.)	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Ir_ns- ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Onge Wome	Former or usual residence
(Address) (amp Darolo) 15 Fileblug 19 1913) from 4 C. fra 20 Registras	Dungertaker fell cent 8/12, 1930 Dungertaker fell cent 8/12, 1930
If more b.anks are needed, addre.s ttate Registras	r, 18 W. Saratoga St., Balto., Lequesting V. S. ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective of business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJU.; Y State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart Example: Measles (disease Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Filed.

PLACE OF DEATH	STATE OF MARYLAND
County Anne Arundel-	CERTIFICATE OF DEATH
	Registration Dist. No. 23
Village or City/inthicum Juneights-	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Michael Dreie	tion, give Its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, MARRIED, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH JANUARY, 1930
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
February 17, 1862	392
(Month) (Day) (Year)	that I lest saw halive on, 192,
7 AGE [If LESS tha	
67 yrs. 10 mos. 14 de or min.	
8 OCCUPATION	Fall Down Stairs - of
(a) Trade, profession or Marble Polisher	residence-
(b) General nature of industry, business, or establishment in August 1990 (1994)	
which employed or (employer) guy har round (Contributory & Contributory & Contributory
PERTHPLACE Ninkledorf - East Poussia German	Secondary 2 4 1 B
10 NAME OF	
FATHER Endinand Treier	(Signed) M. D. M.
OF FATHER	(Address) LMW Cliffy
OF FATHER (State or country) East Prussia Germany	*State One Distase Causing Death, or, in deaths from Violent Caus 8, state (*) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
of Marie Pudai	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
- 13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country East Paussia Germany	of death yrsmos. ds. State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant Maril Frank Dreier	Former or usual residence
(Address) /inthicum Hats-Mo-	19 PLACE OF BURIAL OF BURIAL OF BURIAL OF BURIAL OF BURIAL
15 / 1 2 0 0 0 0 0 0 0	20 UNDERTAKER / A / ADDRESS / /

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If more b.anks are needed, addross State Registrar, 16 W. Saretoga St., Balto., Requesting V. S. No. 1.

Caldwellwoo



(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work. or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer,' "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "Typhoid fever (never report "Typhoid Pneumonia"); "shar pneumonia. Bronchopneumonia ("Pneumonia,"

Laply!

"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinona, Sarcona., etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." State cause for which surgical operation was under-Chronie interstitial nephritis, unqualified, is indefinite); Tuborculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death earbolie acid-probably survide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Atrophy," "Collapse," "Coma, Never report more symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. vulvular heart Nomenclature The contributory " "Convulsions, Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate in permanently filed.

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			b) General nature of industry
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Ш	20	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
II	item sho		(Informant) Emma Nevins
VR			O. Rayno
>	AN		(Address) Mursery Nd Heigh
	Every CIAN stater	4-700	1 IAV
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CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) ... (Day) HEREBY CERTIFY, That I actended the deceased If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? Secondary (Durstion) *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 L. NGTH OF RESIDENCE (For Hospitals, Institutions, Trungients or Recent Residents) At place In the of deathyrs......mos......ds. Where was disease contracted, it not at place of dea h? Former or usual res.dence

STATE OF MARYLAND

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year)

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect, to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinulafever (the only definite synonym is "Epidemia acceptos, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E.haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-

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V. 8 No. 1

m

PLACE OF DEATH	13489 STATE OF MARYLAND
County 0	CERTIFICATE OF DEATH
/	Registration Dist. No. 2/
Village or City American (No. / No. / Link	St: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOUNTED WIDOWED.	16 BATE OF DEATH
Male Cof. WIDOWED. OR DIVORCED (Write the word)	Mrewell (Month) /8 (Day) /830 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1879	1930 to 17 78 192 0
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw half alive on 1990
I day	and that death occurred on the date stated above, at
yrs, mos. ds. or min.?	
a) Trade, profession or particular kind of work	Pleury
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yts. mos da.
BIRTHPLACE	Contributory July & Walt
(State or country)	(Dynation) yis mos Ods.
10 NAME OF FATHER	(Signed) to stolk aloney M.D.
U BIRTHPLACE OF FATHER	192 0 (Address) 20 (Address)
Z (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
\mathcal{I}	Former or usual residence
(Informant) Trane Janous	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 36 flew St. peur Londo	Buy Vell Cont. Nav-21, 1930
15 File My 20 1980 frogle C. Jones M. Registras	Chase History & Stores on thurst
If more banks are needed, address tate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH " etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Ilaemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJU.X cough; Chronic valvular heart disease; nephritis, etc. The contributory

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WRITE

N. B.

CE	OF	DEATH		

Anne Arundel

PLA

County

ORIGINAL (180)

13490

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	y Pasaden		Dugan St.: Ware	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Nobember 5 (Month)	
6 DATE OF BIR			17 I HEREBY CERTIFY, That I at	tended the deceased from, 192, 192,
	v rofession or nd of work	mos. 30 ds. or min.	and that death occurred on the date state. The CAUSE OF DEATH * was as follows: Suffocation by sancave-in	
business, or e	ountry) Washin	stationary eng gton, D.C.	Contributory Secondary (Duration)	vis nos de.
111	HER Broo	klyn, N.Y.	*State the Disease Causing Death Vlolent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
OF MOT	HER Mary	E. Twomey	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place of deathyrsmosds.	oitals, Institutions, Trans-
(Informan	Geo. W.	Little	Where was disease contracted, if not at place of death? Former or usual residence	
(Add	ress)	Z. a. Blig.	Washington, D. C. 29 UNDERTAKER Geo W. Little	JI-8, 19 30 ADDRESS Baltimore, mo
	If more branks are	needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V.	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee or as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association A (Recommendations on statement of cause of death approved by Committee or Nomenclature of the "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease etc. The contributory

If this certificate is local over thoroughly and a'l questions answered in detail, it vill prevent further correspondence. All the data is executed and must be obtained before the certificate is permanently filed.

Vil

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PARENTS

FATHER

11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE

OF MOTHER

	0S888
PLACE OF DEATH	STATE OF MARYLAND
County me amudel	CERTIFICATE OF DEATH Registration Dist. No. 23
2FULL NAME JESSE THORNTON J	St: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale Color OR RACE SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 27, 1930 (Month) (Day) (Year)
OATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decensed from
I day hrs. DOCCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) I day hrs. or min.?	and that death occurred on the date stated above, at
STATE OF Maryland	(Duration) Sissing Melvin MMD

1990 (Address) the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place of deathyrs.....mos......ds. State......yrs.....mos......ds. (State or Country) Where was disease contracted, if not at place of death?.... KNOWLEDGE Former or

usual residence

BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

deaths from

If more bianks are needed, addre. s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. øχ

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enlaborer, Housemuid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, yrs. For persons who have no occupation Farm laborer, Laborer-Coul mine, ctc. (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material person, irrespective of not gainfully em-Grocery; Wom-

EARS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

To The Carrolle of June man-

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," ean be ascertained as the cause. Always qualify all "E:haustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping Recommendations on statement of cause of death Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as cough; 'Congenital," "Senile," etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Chronic etc. valvular heart Nomenclature The contributory disease;

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N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI.

CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	07593 STATE OF MARYLAND
County Mil Mundel	CERTIFICATE OF DEATH
00,00	Registration Dist, No.
Village or City Mady Holling.	St.: Ward) (If death occurred a hospital or institution
2FULL NAME Stillborn	tion, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE. MARRIED, WIOOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH JULY 9 , 192 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 9, 1930	
(Month) (Bay) (Year)	that I last saw halive on, 192
of AGE	. The CAUSE OF DEATH * was as follows:
yrs. () mos. () ds. or min.? s occupation (a) Trade, profession or particular kind of work	Dullborn
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER CAMPUS SURVEY	(Signed) Ges J Denty M.
II BIRTHPLACE	July 9 19230 (Address) Churchlon
(State or country)	/*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Quare Sins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translaters or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or coundary)	At place of deathyrsmosds. In the Stateyrsmos
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
() C) , lake	Former or usual residence
(Informant) Mines Surjuck	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Juns cernary July 10, 190
15 Filed hely 9 1980 Ges Thenk H	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Colton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-(6) engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) (Recommendations on statement of cause of death carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. stited unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. The contributory valvular Nomenclature of the heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-

PLACE OF DEATH	07594 STATE OF MARYLAND
County Cure agreedel	CERTIFICATE OF DEATH
1 00 00	Registration Dist. No. 25
Village or City Droo Elyntalous 505	- Delay Mre Road Want (If death occurred in
vinage of chyre so the same of	Ward) a hospital or institution, give its NAME in-
2 FULL NAME Buby Euglie 6.8	Maguel Duly steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE.	16 DATE OF DEATH
Temale White Widowed ugle	July 30, 1930
6 DATE OF BIRTH	(Month) (Most) (Oay) (NOS)
30 19.30	July 30 1,30 10 July 30, 19,30
(Month) (Day) (Year)	that I lest see h ER alive on John 70 , 1939
7 AGE [If LESS than	and that death occurred on the date stated above, at 6.45 Pm.
O yrs. O mos. O ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	Tematice Mich
(b) General nature of industry	(Jus in illus)
business, or establishment in which employed or (employer)	(Duration) yre, mos de.
9 BIRTHPLACE	Contributory Maustion
(State or country) (. A. Co., Med.	Duretion) yre mos de.
10 NAME OF FATHER 9	(Signed) Test, Lacustell M. D.
11 BIRTHPLACE	July 30 19:30 (Address) 1644 Hanover St.
OF FATHER (State or country)	*State the l'is ase Causier about the line Man Violent Causes, state (1) Means of Injury and (2) Whethor Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER Margaret M. Sallues	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER A DA VII	At plece in the of death yrs mos ds. State yrs mos ds.
(State or Country) Nalls. 104.	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et plece of dea.h?
(Informant) (ugene (Durham	usual residence.
(Address) 505 Belgrove Road	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	COUNDERTAKER DES ADDRESS
Filed 31 1930 Charges on roote h	11. OK MANN & MANN & & h. D.
	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.
at more oranne are needed, address clate negistral	to an marginal married stadentime as at some

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(Approved by U. S. Census and American Public Health Association.)

laborer, Form laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

PLACE OF DEATH County County County County	03911 STATE OF MARY CERTIFICATE OF
Village or Carlenburnie (No. Genna	Registration Dist. No.
	Durner ward a hospion, g stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MAINE O WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Offil 2/ (Month) (Day)
6 DATE OF BIRTH (Month) (Day) (Yes	17 I HEREBY CERTIFY, That I attended to
7 AGE 31 yrs. 10 mos. 14 ds. or m	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work ns. (b) General nature of industry business, or establishment in	Lotas l'ineumone
business, or establishment in which employed or (employer) Met. Jus. 6 9 BIRTHPLACE (State or country) Ilanhumie Ind	Contributory Secondary (Durstion) yrs
10 NAME OF GOOGE M DANNE OF THE STATE OF TH	(Signed) S. Belling Belling Beach State the Disease Causing Death, or, in
(State or country) Tenburue ma 12 Maiden NAME OF MOTHER Lawra & Wade	Violent Csuses, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Insients or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) alton O Durner (Address) Glenburnie Ind	19 PLACE OF BURIAL OR REMOVAL Option Option
Filed 4 - 2 7 19238 James 1 Change Registral	20 UNDERTAKER ADDR
If more blanks are needed, eddress State Regi	strar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

03911 STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 23

lis Blow. Burner	St.:	Ward)	a hospital	occurred in or Institu- ts NAME is street and
MEDICAL	CERTIF	CATE O	F DEATH	
16 DATE OF DEATH			21	
17 I HEREBY C	ERTIFY, T	aparcy	nded the de	, 1923.e,
and that death occurred	d on the da	te stated a	bove, at	70 m.
The CAUSE OF DEATH	* was as fo	llows:		
Lotas	Pm	um	onla.	·····
*			·····	
	(Durati	on)	VIS	00 6 de
Contributory	***************************************			
(Signed) James	S.Be	eling	elia	M. D.
*State the Dises Violent Csuses, state Accidental, Suicidal or	ase Causing (1) Mean Homicidal.	Death, of Inju	or, in des	ths from Whether
18 LENGTH OF RESID		r Hospite	ls, Instituti	lons, Trans-
At place of deathyrsmos.	ds.	In the State.	yrs	.mosds.
Where was disease contract if not at place of dea.h?.		*********	*************	·····
Former or usual residence			000000000000000000000000000000000000000	
19 PLACE OF BURIAL O	ALL THE REMOVE	C		34 ₁₉ 30
20 UNDERTAKER	Perma		ADDRESS,	LASA

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification. The laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic affection need etc. The contributory valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must he obtained before the certificate is permanently filed.

X	4	led. ACE should be stated EXACTLY, PHYSI- is so that it may be properly classified. Exact extructions on back of celleticate.
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1PLACE OF DEATH County A. A.	03912 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Annapolis (No. 167	West St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widow Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 193 (Month) / 7 (Day) 143 (Ocar)
July 27 , 1836 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I hast saw h alive on 192 that I hast saw h 192 that I have h
7 AGE 94 yrs. 8 mos. 20 ds. or min.	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Germany	(Duration) yrs. mos. 2 ds Contributory Secondary (Duration) yrs. mos. ds
10 NAME OF FATHER OttO . Giesel, 11 BIRTHPLACE OF FATHER (State or country) Company of the country of the cou	(Signed) M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of Mother Mary . Gerhart,	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of MOTHER (State or Country) Germany.	At place of death
(Informant) Augusta. Duval,	if not at place of death? Former or usual residence
(Address) Annapolis Md.	St Annes. Cemetery April 20 1930
Filedaful 9230 frague frague Registrar	B. L. Hopping, Annapolis Md.
If more bianks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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N. B.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, yrs). without more precise specification as Day For persons (b) Automobile factory. The material If the occupation has been changed Laborerwho have no occupation -Coal mine, etc. not gainfully em-(b) Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasums,
> "Traemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping (Recommendations on statement of cause of death Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Chronic etc. The contributory affection need valvular Nomenclature Always qualify al heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	CORD	EXACTLY ly classified
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ED FOR BINDING	HIS IS A PERMANENT	should it it may
FOR	IS IS A	ed. ACE

	Count Com a arundel	CERTIFICATE OF DEATH
ilicato.	Village or City ConBurnie (No. 3 d Ev 2FULL NAME Vernon C & A	Registration Dist. No. 23 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S S S S S S S S S S S S S S S S S S S	Male A COLOR OR RACE SINGLE. MARRIEDS MYDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH September 16., 1920 (Month) (Day) (Year)
5	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0	May 27, 1923	S- M //
	(Month) (Day) (Year)	that I last saw h Ma alive on 192
3	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
0	7 yrs. 3 mos. 20 ds. or min.?	THE CAUSE OF DEATH - Was as follows:
	a OCCUPATION (a) Trade; profession or	Scorlet First
30	particular kind of work (b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) yrs
	9 BIRTHPLACE (State or country) Glen Beanne Ind	Contributory Secondary (Duration) yrs mos ds.
600	10 NAME OF FATHER Melliam To Duvall	(Signed) James S. Bellingston M. D. Syrt 16 1980 (Address) Fley Burne my
	OF FATHER (State or country) Hen Burne Ind	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Tertrude M Hahan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
	OF MOTHER (State or Country) Pagadena Ind	At place of deathyrsmosds. In the Stateyrsmosds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	and me Cowall	Former or usual residence.
	(Address And Bue (South)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Left 17, 1930
)	15 Filed Sf 17 1926 must and Registrar	John of Denny 715 Light St
	If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired '6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enr," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation. (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISTERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosynate fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

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PLACE OF DEATH	
County a. a. Cu.	
Village or City (No	
2FULL NAME Infant Lads	14000
PERSONAL AND STATISTICAL PARTICULARS	-
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16
6 DATE OF BIRTH	17
(Moth) (Day) (Year)	th
7 AGE O yrs. O mos. O ds. or O min.?	an
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	****
9 BIRTHPLACE (State or country)	
10 NAME OF John R. Eads	(Si
OF FATHER Z (State or country)	
12 MAIDEN NAME Agnes Keerse	18
13 BIRTHPLACE OF MOTHER (State or Country)	At of W
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it For
(Informant) John R. Eads.	19
(Address) (Line), his	0
15 Filed afril 27 19270 Colora M. Hasluh	20

03913 STATE OF MARYLAND CERTIFICATE OF DEATH

St.: W

Registration Dist. No.

ard)		occurred in	
		ts NAME in	
	number.)		_

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
(Month) 26 (Day) 930 (Year)
(Month) 6 (Day) 730 (Year)
april 26, 192 0. 20 april 26, 1930.
that I last saw h Assa alive on 192,
and that death occurred on the date stated above, atm.
The CAUSE OF DEATH * was as follows: Still-Lith.
(Duration) vis. mos ds.
Contributory Secondary
(Signed)
18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place
of deathyrsmosds. Stateyrsmosds.
Where was disease contracted, if not at place of dea h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
John Eads, Jersup Wed 4/27/38.
20 UNDERTAKER ADDRESS
John Talls, acting lessed les

If more blanks are needed, addre state Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. (b. 1.

V. S No. 1

(Approved by U. S. Census and American Fublic Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefere an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, first line will be sufficient, e.g., Farmer or Flanter, sician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar a preumonia, Bronchopaeumonia ("Pneumonia");

"(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING FOR WITH UNFADING INK--THIS IS MARGIN RESERVED WRITE

PLACE OF DEATH Annie Arundel County

STATE OF MARYLAND CERTIFICATE OF DEATH

Vili				illanoStat		St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
	PERSON	AL AND	STATIST	CAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH
3 S	emale	4 COLOR	OR RACE	SSINGLE, WIMARRIED, WIDOWED, OR DIVORCED (Write the word		16 DATE OF DEATH September 28th , 1923.). (Month) (Day) (Year)
6 D	ATE OF BIRT	гн	UII (Month)	known (Day)	, 1.870 (Year)	Feb. 5. 1929 to September 28 19230 that I last saw h er alive on September 28, 19230
7 A		00 yr	, unkn	own d	If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(le bi	a) Trade, pro articular kind b) General na usiness, or es hich employe tripplace (State or cou	ture of in tablishmer d or (emp	dustry it in	usekeepe:		Contributory Seril Lity Secondary Duration Unknown mos de.
	10 NAME OF		Unkno	wn		Gigned) (Address) Crownsville, Md.
ENTS	OF FATHI (State or	ecountry)	Unkno wn			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN		Mary	Mobey		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPL OF MOTH (State or	ER	Unkno	wa		At place 1 7 mos. ds. In the 17 yrs. mos. ds.
14	(Informant)	Hospi	tal Re	cords		Where was disease contracted, Unknown if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10

16 more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 19/6 Palve

m ż 15

Baltimore City
Admitted Feb. 5, 1929
Died September 28, 1930

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Loborer-(b) Colton mill; (a) Salcsman. without more precise specification as Doy specifically the occupations of persons en-For persons who have no occupation (a) the kind of work and also (b) the person, irrespective of -Coul minc, etc. Wom-Locomotive engineer, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same pounted term for the same disease. Examples: Cerebros hival fever 'the only definite synonym is "Epidemic cereprospinal meningitis"); Diphtheria 'avoid use of "Crouh"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,";

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicucnita," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need Chronic interstitial nephritis, Whooping and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Exhaustion, American Medical Association.) approved Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin— "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; by "Heart failure," "Haemorrhage, Committee on Nomenclature of the Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

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WRITE

N. B.

V. S. No. 1

X		HYSI- Exact
	CORD	EXACTLY, Piy classified.
NDING	NKTHIS IS A PERMANENT CORD	y supplied. ACE should be stated EXACTLY, PHYSI- ain terms so that it may be properly classified. Exact See instructions on back of certificate.
OR BIL	S A PE	ACE sh that it
ERVED FOR BINDING	NKTHIS IS	y supplied. ain terms so See instruc

PLACE	OF	DEATH
ountyA	nn	e Arundel

STATE OF MARYLAND

County Anne Arunge L	CERTIFICATE OF DEATH			
	(82) Registration Dist. No. 2I			
Village or City Rock Creek (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street end number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	le August 6th 1950 (Month) (Day) (Year)			
September IO., 1.907	17 I HEREBY CERTIFY, That I attended the decessed from 192, 192, that I last saw halive on, 192,			
7 AGE 22yrs. 10mos. 2d ds. If LESS that day hr or min	s. The CAUSE OF DEATH * was as follows:			
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Md.	Contributory Secondary (Duration) (Quration)			
10 NAME OF Robert Eskridge	(Signed)			
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME POSSIGN CLASSICS				
12 MAIDEN NAME Bessie Clayton				
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of death yrs mos. State yrs mos. Where was disease contracted,			
(Informant) Thomas Kelly	if not at place of death?			
(Address) I72I W. Lanvale st. Balt	19 PLACE OF BURIAL OR REMOVAL			
15 Filed 8=6=30. 192 Z. a. But. u	Daniek Easton Baltimore, M			

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mune, etc. woun-en at home, who are engaged in the duties of the to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases, resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

No. 1 ත්

1 PLACE OF DEATH County Will Grund Sel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Harmed (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR ONVORCED (Write the word)	16 DATE OF DEATH OCT SM 1990 (Year)
6 OATE OF BIRTH July 7th, 1930	17 I HEREBY CERTIFY, That I attended the decensed from
7 AGE (Month) (Day) (Year) If LESS than I day	that I last saw halive on, 192, and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	ted Suddenly from Convalien
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER SELECTION OF THE SELEC	(Signed) M.D.
C (State or country) Wary Care	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER will Dansford	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary Asses	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant)	if not at place of dea.h? Former or usual residence
(Address) X/az 4 11 de Med	HOULD STUDIES DATE OF BURIAL 20 UNDERTARESURAND STEPP ADORESS
Filed OCI 8 1920 Old Maylor Registran If more hanks are needed address that Keristran	10 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reg ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Compositor, For persons who have no occupation Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material npositor, Architect, Locomotive engineer, Stationary freman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

	County				
/il		Annano LL NAME	Ph-	by Z	ergency
-	PERSON	NAL AND	STATISTIC	AL PARTIC	ULARS
	em.le	4 COLOR	OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the work	Single
Į.	TE OF BIR	тн			
*		************	Apr (Month)	24 (Day)	, 930 (Year)
A	GE				If LESS than
p p	a) Trade, proportional notation	d of work	0	osd	
(i p (i b w	a) Trade, pre	ofession or d of work ature of in stablishmer ed or (emp	dustry it in		
(i p (i b w	a) Trade, proportional national nationa	ofession or d of work ature of in stablishmer ed or (emp	dustry nt in loyer)	is, Md.	
p (lb w	a) Trade, proarticular kin- b) General me usiness, or each which employ. BIRTHPLACE (State or con- 10 NAME O FATHER 11 BIRTHPL	ofession or d of work ature of in stablishmer ed or (emp intry)	dustry t in loyer)	is, Md.	
p (lb w	a) Trade, proarticular kin- b) General me usiness, or each which employ. BIRTHPLACE (State or con- 10 NAME O FATHER 11 BIRTHPL	ofession or d of work ature of in stablishmer ed or (emp untry) F F Guger ACE ER COUNTRY) NAME	dustry nt in loyer) Annapol ne. Fari	is, Md.	
(i p (i b w	a) Trade, presented as the control of the control o	ofession or d of work ature of in stablishmer ed or (emp intry) F F Gugei ACE ER country) NAME IER Wi.	dustry nt in loyer)	is, Md. rell,	r daynrs
(p w d)	a) Trade, properticular kinds in the control of the	ofession or d of work ature of in stablishmer ed or (emp intry) F Euger ACE ER (country) NAME IER Wi ACE ER (country) S TRUE TO	dustry th in loyer) Annapol ne. Fari Georgia lla. Des	is, Md. cell,	s. ormin.

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If more blanks are needed, address State Registrar, 16 W. Saratoga St. Botto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 LHEREBY CERTIFY, That I attended the deceased from 192 to 192 to 192 to 192 and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: (Duration) yy mos ds. (Signed) (Duration) yy mos ds. (Signed) (Signed) M. D. 192 (Address) Death, or, In deaths from Yolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL ADATE OF BURIAL ADDRESS ADATE ADDRESS ADATE ADDRESS ADATE ADDRESS ADATE ADATE OF BURIAL ADDRESS ADATE ADDRESS ADATE ADDRESS ADATE ADDRESS ADATE ADATE OF BURIAL ADATE OF BUR	Hospital St.: War	d) a hospital or institu- tion, give its NAME in- stead of street and number.)
(Month) (Day) (Year) LHEREBY CERTIFY, That I attended the deceased from 1920 to 1920. that I last saw h' alive on 1920. and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: (Duration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds. (Signed) M. D. 192 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL April 29, 130	MEDICAL CERTIFICATE	OF DEATH
LHEREBY CERTIFY, That I attended the deceased from 1920. to 1920. to 1920. That I last saw home and that death occurred on the date stated above, at	16 DATE OF DEATH	28 , 1930
that I last saw h' Mive on 192 and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows: (Durstion)		
and that death occurred on the date stated above, at		
Contributory Secondary (Duration) (Duration) (Signed) (Address) (Duration) (Duration) (Signed) (Address) (Duration) (Duration) (Signed) (Address) (Add	that I last saw ht	, 192,
Contributory Secondary (Duration) (Duration) (Signed) (Address) (Address) (Address) (Duration) (Duration) (Puration) (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Duration) (Duration) (Puration) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Boath, or, In deaths from to injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Boath Annual Control of Injury and (2) Whether Annual Control of Injury and (2) Whether Annual Control o	and that death occurred on the date state	ed above, atm.
Contributory Secondary (Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL Apul 29, 13	The CAUSE OF DEATH * was as follows:	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death	Contributory Secondary (Duration) (Signed) 192 (Address)	yı, mos ds.
Edwards Chopel april 29, 130	ients or Recent Residents) At place In the of deathyrs	ne
	Edwards Chopel	DATE OF BURIAL OPIN 29, 19 ADDRESS ADDRESS

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation But in many Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar gneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), stated unless important Whooping - cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. affection need not be valvular heart disease; The contributory

HYSI-Exact

	1PLACE OF DEATH County A. A.	STATE OF MARYLAND 05188 CERTIFICATE OF DEATH Registration Dist. No.
Vi	llage or CityAnnapolis (No.56 Madis 2FOLL NAME James. Augustus. Fa.	On St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 5 2 3, 19236 (Month) (Day) (Year)
-		I HEREBY CERTIFY, That I attended the deceased from May 23, 1922
	73 yrs. II mos. I ds. or min.?	
AL Y	(a) Trade, profession or carpenter	Margalitie
N.	b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Annapolis, Id.	(Duration) Lyrs. 9 mos. ds. Contributory 2 has 1 m
	10 NAME OF FATHER Simon. Farrell,	(Signed) M.D.
ENTS	OF FATHER (State or country) Ireland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER Bridget. Mcguire,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	of MOTHER [State or Country) Ireland	At place In the of death
14	(Informant)hristine. Farrell,	Former or usual residence.
	(Address) Annapolis, Md.	st. Marys. Nay 26 1930 , 19
15	Filedry 24 1930 Josep 6 C. Fresters	B. E. Hopping, Annapolis, Md.
	If more blanks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 002

N. B.--

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is lcss definite; avoid cough; Committee on Chronic affection need not be etc. valvular heart disease; Nomenclature of the The contributory

V. S. No. 1

1		of DEATH me Arundel	P-0000-0000000MB		(3)	6164	CERTIFIC	ATE OF	DEATH
Vi	llage or City_	Crown	nsville 3 Catheri				St.:	stead	death occurred in spital or institu- give its NAME in- il of street and ber-)
=		AL AND STATIST				MEDICA	AL CERTIFICA	ATE OF DE	EATH
	emale	4 COLOR OR RACE	5 SINGLE, SIMBLE, WIDOWED, OR DIVORCED (Write the word	ingle			January 2		, 192 30 (Year)
6	DATE OF BIRT	H Unkn (, 1 <u>901</u>	Janu	r HEREBY		I attended Januar	the deceased from
		29 yrs. unkr	ao⊮n da	If LESS than I day hrs. or min.?			ed on the date		at 11:30Am.
1	usiness, or est	of workture of industry	Housework	**************************************		***************************************	(Duration)	Ųn	known de.
1	State or coun	4	nnsylvania	9	Contril		Dogwood	Brings	L. most . de
	10 NAME OF	Ur	nknown		(Signed)	177	(Address) Cro		2/103 M. D.
RENTS	OF FATHE (State or	ecountry) Un]	known				te (1) Means r Homicidal.		
PAR	12 MAIDEN I	P	cnown		18 LENGT		IDENCE (For		stitutions, Trans-
	OF MOTHE (State or C	R IInl	cnown		At place of death		os. 13ds.	In the State	15.110-1999sds.
14	(Informant)	Hospital Re		EDGE	if not at p Former or usual reside	lace of death	Ltimore (ity, M	eryland
_		crownsvil	lla Mary	land	Harf	21-Co	or REMOVAL	- 1/	OF BURIAL
15	Filed / Ex	192	3001	Registrar	20 UNDER	E. P. C	brulesof	Z M	seekers
		If more bianks are	needed, address	tate Kegistrar	, 16 W. Sar	atoga St., B	alto., Requestin	Z N. S. No. 1	. (

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report Foreman, (b) For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-nome, who are engaged in the duties of the yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincough; Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

V. S. No. 1

N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
ACE shou	To suctions on
ly supplied.	See instru
be carefull	important.
on should	PATION IS Very
formati	PA
should state CA	PA 14
N. BEvery item of informati	statement of OCCUPA

'PLACE OF DEATH County Anne Arundel			01300	STATE OF CERTIFICATE			
	. /	/	о ос о 0 о п.д., д ченийни		67	Registration	Dist. No. 2I
Vill	/	Earleigh	HeigNots_ herine Fer	ns		St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
-	/		ICAL PARTICUL		MEDI	CAL CERTIFICATE	OF DEATH
3 S	ex 4	color or RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	arried	16 DATE OF DEAT	February	I9 , 1930 (Year)
b d	ATE OF BIRTH	February (Month)		1 862 (Year)	February	I8 1320 . to	ary I8., 1920.
7 A		67 yrs. II		day hrs.	The CAUSE OF DE	ATH * was as follows:	d above, at 8 8 a m.
ENTS & B	o) General naturalisiness, or established employed of IRTHPLACE (State or country	or (employer) Balti Anthony Pr Treland	more, Md.		Contributory E Secondary (Signed)	Disease Causing Death, state (1) Means of I	itus itus M. D. Pasadena, Md. or, In deaths from njury and (2) Whether
PAR	OF MOTHER 13 BIRTHPLAC OF MOTHER (State or con	Mary W			At place of death yrs	Residents) In the second secon	e eyrsmosds.
14 7	(Informant)	Edward F			if not at place of d Former or usual residence	IAL OR REMOVAL	DATE OF BURIAL
15	(Address	- 5	le Asloid	Md. Registrar	20 UNDERTAKER	ral Cemetery et Flynn	2-22 , 1930 ADDRESS Baltimore, M
		If more blanks are	needed, address St	ate Registra	, 16 W. Saratoga St.	., Balto., Requesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, " etc., without more precise specification as Day For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, who are engaged in the duties of the and children, not gainfully em-Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. shopneumonia (secondary), stated unless important (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease affection need etc. The contributory valvular heart disease; Nomenclature of the Always qualify all not be



PLACE OF DEATH	14500 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City hungslis (No. 25 Hold	St.: Ward) St.: Ward) Glade the occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 sex 4 color or race 5 single, Married Widowed, Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH A
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 26 1930. to JER 1930., 1930., that I last eaw h 1 alive on Dec 1990.
7 AGE If LESS than day hrs. day hrs. or min.?	and that death occurred on the date stated above, at
SOCCUPATION (a) Trade, profession or Satisfular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVENS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary Tulus (Durston) Contributory Secondary Tulus (Durston) Contributory Secondary Tulus (Durston) Contributory Secondary Tulus (Durston) Contributory M. D. State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death Means of Contracted, if not at place of death?
(Informant) Porcis Fisher (Address) Annapolis Md, 15 Filedfee 3 1923 Jay 6 c. fra Tud Registrar	Former or usual residence
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Wed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification in the duties of the en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. definite salary), may be entered as Housewife, House-Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

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3

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

approved by Committee on Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary If this certificate is looked over thoroughly and a'l questions "Atrophy," "Collapse," perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not Chronic volvular heart disease; "" "Coma," "Convulsions, etc. The contributory

V. S. No. 1

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	PLACE OF DEATH	02539 STATE OF MARYLAND
	County April Aran Del	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City Gambrills (No.	
1	Village or City Collins (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME John Colvin Flex	ning stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE SINGLE, MARRIED Married	16 DATE OF DEATH
	Mala White WIDOWED, OR DIVORCED	66 Jarch, 1920
	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	Fol a do	5-70 1929 to 7-2 May 1930
	160, 9, 1866	· · · · · · · · · · · · · · · · · · ·
	(Month) / (Day) (Year)	that I last saw here alive on 19 10 10 1920,
	7 AGE	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as followsa
	mos. 13 ds. or min.?	Cardid-Vaseular Disease
1	8 OCCUPATION	- The state of the
1	(a) Trade, profession or Corpental	
	(b) General nature of industry	
0	business, or establishment in which employed or (employer)	(Duration) yrs. most de.
	9 BIRTHPLACE	Contributory MyDCarolal InSufficienty
	(State or country) - Pennsylvania	A 4 (Ruration) yrs. mos. de.
•	10 NAME OF FATHER / TO FIRE	(Signed) Clavel Was must M. D.
	11 BIRTHPLACE	22 Mar. 1970 (Address) finthiceuse Hats
	OF FATHER Z (State or country) Pomodulvania	
	W - CITORI	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	OF MOTHER Daylos	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER (State or country) Bange of June 1997	At place of deathyrsmosds. Stateyrsmosds.
- 1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was discass contracted, if not at place of death?
	Marian : Co	Former or
	(Informant) QUEL/Maque Fleming	usual residence
1	Mfo (Address) Combrills - Maryland	Levern Cerso Roads Mar 24, 1930
	15 3 2 2 2 2 m	20 UMPERTAKER ADDRESS
	Filed 192 Registrar	K.1. William om Waterhouses of
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The questired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive (b) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease chopncumonia (secondary), The nature of the injury, affection need etc. The contributory valvular heart Nomenclature of the Always qualify all disease; not be

WRITE

PLACE OF DEATH	07595 STATE OF MARYLAND
County of the	CERTIFICATE OF DEAT
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1 10/10	a hopith or tion, give its N
2FULL NAME TOTAL VIII	stead of str number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEK 4 COLOR OR RACE SSINGES & STO A	16 DATE OF DEATH
WILL WELL OR DIVORCED (Write the word)	July 19 , 10
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decear
. 183	9 July 198 p. to July
(Month) (Day) (Yea	that Plast saw han alive on July 19
7 AGE [If LESS t]	and that death occurred on the date stated above, at 3:3
7/ I day!	
8 OCCUPATION ds. or mi	
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particular kind of work (b) General nature of industry	···· V
business, or establishment in which employed or (employer)	(Duration) 10 yrs. mos.
9 BIRTHPLACE	Contributory Cardia Laconfessites
(State or country)	Secondary
10 NAME OF	- Church Alborine
FATHER AMES HOOK	(Signed) Country Control Cathedre
OF FATHER	*State the Disease Causing Death, or, In deaths
Z (State or country) Allauf	Violent Causes, state (1) Means of Injury and (2) Windows Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER DOCKHAU	18 LENGTH OF RESIDENCE (For Hospitals, Institutions
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place In the of death yrs mos. ds. State yrs mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
The Hank	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL , DATE OF BU
(Address) Mod Sight Mr.	Calledal (bull 7/23
15 Tanlar 29 .40 0/2 TI P	20 UNDERTAKER ADDRESS
Filed July 22 150 Chas. H. Brooke	12 12/10 Doca /3/8/2

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Automobile factory. The materia For persons who have no occupation 6 Groccry;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E::haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis; carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease Example: Measles (disease etc. The contributory

PLACE OF DEATH County Anno Arundo Village or City Annopolic Junetics 2FULL NAME OS ten	Mans land Dist	14662	STATE OF CERTIFICATE Registration	OF DEATH Dist. No. 22
PERSONAL AND STATISTICA	AL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
Z SEX 4 COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED Single Write the word) Single [Day] (Year)	16 DATE OF DEATH De	(Month) (Month	9 (Day) 930 (Year) tended the deceased from
NAME 7 AGE 7 AGE 7 AGE 7 AGE 8 OCCUPATION (a) Trade, profession or more profession o	de. de. or min.?	and that death occur. The CAUSE OF DEAT		d above, at 19'30 Pm.
DEATH DATE (State or country) DEATH DATE (State or country) DEATH DATE (State or country)	wexe, School, for the minded for	Contributory Secondary	(Duration) (Duration) V	y10. 10 mos de.
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13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF		ients or Recent Rei At place of death yram Where was disease contr if not at place of death	sidents) In the Star acted,	tals, Institutions, Trans-
(Informant) Cool of Deel (Address) (Informant) (Address) (Informant) (Address) (Informant)	wet Ironing School water of, Mil.	Former or Usual residence 101	(4)	DATE OF BURIAL Doc. 2/ , 1930 ADDRESS
z (Þ.)	Registrar ded, addre.s State Registrar,			Annopolis Juneting

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia, Pneumonia");

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

All the

permanently filed.

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, Chronic Carcinoma, Sarcoma, etc., ol etc. valvular heart The contributory

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PLACE OF DEATH	02540 STATE OF MARYLAND
County Q. a County	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Bustol, Ind (No.	St.: Ward) (If death occurred in
2FULL NAME Mis anne Vin	Jinia Glentt Flynn stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white (Write the word)	16 DATE OF DEATH March 17, 1923° March (Month) /7 (Day) /93° (Year)
6 DATE OF BIRTH Leb. 3 1885	17 I HEREBY CERTIFY, That I attended the deceased from 7 b. 4 1973. to hand 17, 1980.
(Month) (Day) (Year)	that I last saw her alive on ward 17 , 1920,
7 AGE If LESS than I dayhrs. 1mos,14ds. ormin.?	and that death occurred on the date stated above, at 5 9 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry quisiness, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Mayland -	Contributory Cardiac failure Secondary (Duration) yrs mos 2 ds
10 NAME OF FATHER Thomas John Gentt.	(Signed) Ewily C. Harrison M. D. Mw. 17 1980 (Address) Sather, and
(State or country) Calcut Co., rud	*State the Discase Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Virginia Damall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Irans-
13 BIRTHPLACE OF MOTHER (State of Country) Q. Q. Q. Co Manyland.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des h?
(Address) Comes Oder Myrue (Address) Xothere Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Upper Mailbus P. Sas Es md Mar. 19th 1930
Filed 3/17 1920 MT Claytoc Registras	20 UNDERTAKER ADDRESS Ritchie Biss Ritchie Mit
If more banks are needed, addre a tate Kegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. ho. I.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from er," etc., Without more present of the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefere an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to e.ch and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The materia Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. se. Examples: Cerebrosphaulifeer (the only definite synonym is "Epidemic cerebrosinal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never repert "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on cough; Chronic affection etc. The contributory valvular heart Nomenclature need not be disease;

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT BINDING FOR MARGIN RESERVED

WRITE

N. B.-

V. S. No. 1

	PLA	CE	OF	DEATH	
Cou	nty	Ar	ine	Arundel	

08890

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Solley (No	St: Ward) St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
female white 5 single, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 married	16 DATE OF DEATH August 19 , 1930		
June 13 , 1868 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Aug. 15 160 to Aug 19 , 1930, that I last saw her alive on Aug. 19 , 1930,		
7 AGE If LESS than I day hrs. 62 yrs. 2 mos. 6 ds. or min.	and that death occurred on the date stated above, at IOP • m. The CAUSE OF DEATH * was as follows: I. Acute bacillary dysentery		
8 OCCUPATION (a) Trade, profession or particular kind of work Housework at home (b) General nature of industry usiness, or establishment in which employed or (employer)	2. Chronic myocarditis (Duration) - yrs I mos I do.		
9 BIRTHPLACE (State or country) Pa.	Contributory Secondary (Durgtion)y		
10 NAME OF FATHER Henry Nollman	(Signed) 2. 0. 3 u.f. M. D. 8-19 1930 (Address) Pasadena, Md.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
12 MAIDEN NAME OF MOTHER unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,		
of MOTHER (State or Country) Germany			
(Informant) Wm. H. Ford	if not at place of death? Former or usual residence		
(Informant) WM. H. FORd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) Solley, Md.	Cedar Hill Cemetery 8-22 , 19 30		
Filed Aug. 191920 Z.a. Steel. n.4 Registrar	J. F. Denny 715 Light st.		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r." etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Marasmus, " "Old Age, " "Shock,

4. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH

STATE OF MARYLAND 6105 CERTIFICATE OF DEATH

(197)

If LESS th

Registrar

1 day

-	Registration I	Dist. No.
Torg. In	Rai Ward)	(If death occurred in a hospital or institution, give Its NAME in stead of street an number.)
MEDICAL C	ERTIFICATE C	F DEATH
16 DATE OF DEATH	way 8	, 1980
		(Day) (Year)
7 I HEREBY CER	TIFY, That I atte	ended the deceased from
	192 to	, 192
hat I last saw haliv	e on	, 192
nd that death occurred o	n the date stated	above, at 6. P. n
L. CAUSE OF DEATH * .	was as fallows:	
accidental,	caul	by an Election
schook		
100001	***************************************	9 8 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	\$4000000000000000000000000000000000000	********************************
	(D. 1.)	
	(Duration)	yrsd
Contributory Secondary		
Secondary	(Duration)	
1. 11 and	lesses 1PD.	lay as Coroner
Signed your w aud	rson y 1, ae	ing as corony
terry 9 1930 (Ad	deress) Cemal	alis July
*State the Disease Violent Causes, state (Accidental, Suicidal or Ho	1) Means of Inj	ury and (2) Whether
		ale Institutions Tool
B LENGTH OF RESIDE		als, institutions, iran
At place	In the	
of deathyrsmos	ds. State	yrsd
Where was disease contracted, f not at place of death?	,	*************
Former or		
usual residence	d 049 48 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
9 PLACE OF BURIAL OR	REMOVAL	DATE OF BURIAL
Hope Chaf	el	Jane 10, 183
11 per		, 150

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the tion applies to each and every Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, b) Grocery; emun, (b) Automobile factory. The material without more precise specification as Doy For persons who have no occupation Stationary fireman, etc. person, irrespective of Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senilc," etc., "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom causing stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "E:haustion, Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi death), 29 ds.; Bronchopneumonia (secondary), 'name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heart disease, affection need not be etc. The contributory Nomendature death

No.1

20

m

County A. A. CO	01301 STATE OF MARYLAND CERTIFICATE OF DEATH
hear A	Registration Dist. No.
Village or City Norsey (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) Jel (Day) 2 7 (Year) 98
G DATE OF BIRTH Hol. / 3 4. (Month) (Day) (Yes	17 HEREBY CERTIFY, That I attended the deceased from 120. 13 1930 to July 24 1 1980.
7 AGE If LESS 1 day	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) WA.	Contributory Secondary
10 NAME OF JESSE V. First	(Signed) Thanh Pire in M. D. D. 2 24 36 (Address) Savays. W.
Z (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wagdelin Vors	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) WAL-	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Jesse V. Find	usual residence
(Address) 15 Filed Let 25 1980 Clara M Hast Registra	London Park, Hallo, Mid. 2/16, 19. 20 UNDERTAKER Z-U. Frishes Laurel, Wed.
If wore hanks are needed address that a Veri	atron 18 W. Saratova St., Balto, Lequesting V. S. 1,0, 1,

(Approved by U. S. Census and American Fublic Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., without more Francisco Mom-laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of engineer, Stationary fireman, etc. But in many For many occupations a single word or term on For persons who have no occupation Locomolive engineer,

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accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart disease; Nomenclature of the

V. S. No. 1

PLACE OF DEATH Count ama arundel vinesorthicum Heighto(No. Harvth	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33 one Rd St.: Ward) a hospital or institu-
2FULL NAMETYZULA & Ford Stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED AND WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 22, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH 2 3 (Month) (Day) (Year) 7 AGE [If LESS than	17 I HEREBY CERTIFY, That I attended the deceased from Dic 2 1920. to Dic 2 2 , 1920, that I last saw here alive on Dic 2 2 , 1920, and that death occurred on the date stated above, at 2 P m.
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	The CAUSE OF DEATH * was as follows: Wernorshage in the Brain (Duration) yrs. mos 3. de
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER OF FATHER	Contributory Ocleso Solesons' Secondary (Duration) Tree mos de de la company (Signed) (Signed) (Signed) (Address) (Address) (Address)
(State or country) Mary land 12 MAIDEN NAME OF MYHERICES Warfeild 13 BIRTHPLACE OF MOTHER (State or Country) Mary land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Lindham Marion Ford	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs
(Address Jaw Thomas Rd 15 Filed 12/ 3 3 1923 Dens Harly Marging	Denney home Buring Comety Dec 25, 1930 20 UNDERTAKER ADDRESS: 215 Log ft St
If more bianks are needed, address State Registres	, 16 W. Saratoga St., Balto., Reggisting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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PERMANENT BINDING K FOR UNFADING INK--THIS IS MARGIN RESERVED Every item of Information St CIANS should state CAUSE statement of OCCUPATION is

PHYSI-	PLA:	CE OF DEATH	144-4-1 0 - 1-4-1 dd
XACTLY, classified sate.	Village or C	City Conty	Home
stated E properly of certific	PERS	ONAL AND STATISTIC	CAL PARTICU
	3 SEX	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
it m	6 DATE OF	afac Month)	(Day)
0 -	7 AGE	yra.	105. ds.
supp in ter See i	8 OCCUPATI (a) Trade, particular	on profession or kind of work	,
ar in a	business, o	I nature of industry r establishment in loyed or (employer)	mula
be ca EATH impo	9 BIRTHPLA (State or		glas
OF DI	10 NAME FATHE		Rnn
C _ W	I II DIDTL	DIACE	

FATHER

(State or country) 12 MAIDEN NAME MOTHER 13 BIRTHPLACE OF MOTHER (State or Country

PARENT

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

rester Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH OF	1930
(Month)	(Day) (Year)
that I last saw h Manualive on AM.	
and that death occurred on the date stated	above, at A.m.
The CAUSE OF DEATH * was as follows:	,
Justinite Int	meditul
Contributory (Duration)	yrs. 2 mos ds.
Secondary	0400400004400000400444****************
(Signed) (Address) (Address)	yrs mos ds.
*State the Disease Causing Death, Violent Causea, state (1) Means of Inju- Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
1B LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
At place of death yrs. mos 21 ds. State	yrsmo*ds,
Where was disesse contracted, if not at place of death?	
Former or usual residence	50 0 ° 2 ° 3 ° 0 ° 0 ° 5 ° 7 ° 7 ° 2 ° 1 ° 5 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1 ° 1
Place of Burial OR REMOVAL	DATE OF BURIAL

(Informant

20 UNDERTAKER

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CULARS

(Year)

[If LESS than I day hrs.

ds. or min.?

(Approved by U. S. Census and American Public Health Association.)

work, tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cooks ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, 3 Grocery,

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If this bertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

	6	PHYSI-
	CORD	EXACTLY,
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Ō	KENJ	9q

PLACE OF DEATH

County Anne Arundel

2FULL NAME

(77)

William Fountain

01302 STATE OF MARYLAND CERTIFICATE OF DEATH

1		 -	_	-		-	-		-
D	 4	 *:-	D	 N	_	7	-	1	

Village	or	City	Crownsville	(No.ate	Mospital

Ward)

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

Annapolis, I'd

PER	SONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 sex Male	4 COLOR OR RACE	SSINGLE, SINGLE WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH February 16th, 19230 (Month) (Day) (Year)		
8 DATE OF	ыктн Unkno	wn 1902	17 I HEREBY CERTIFY, That I attended the deceased from February 2nd 19230 to February 16, 19230		
	(Month		that I last saw him alive on February 16 , 1923Q		
7 AGE	28 yrs. unk	If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:		
particular	TION e, profession or r kind of work		excitement		
(b) Gene business,	ral nature of industry or establishment in nployed or (employer)		(Durstion) Unknown do Contributory Manic Depressive-Depresse		
9 BIRTHPL (State	or country)	yland	Contributory Secondary Duration Vision de		
	HER San	mel H. Fountain	(Signed) A. D. M. D. C. M. D. D. C. M. D. D. C. M. D. D. C. M. D.		
S OF	THPLACE FATHER cate or country) Maryl	and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
12 MA	IDEN NAME MOTHER Mary	T. Washington	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
OF!	THPLACE MOTHER ate or Country)	rland	At place of death yrs mos 14ds. In the Lifetime de State Where was disease contracted,		
14 THE A8	OVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	if not at place of death?		
(Infor	Hospital	Records	Former or Westover, Somerset Co., Md.		
(Address) Crownsvi		Crisfield. Maryland Feb. 18, 1930		
15 Filed	X18 19230	Bay GC. Fry a G	UNDERTAKER		

If more bianks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

L. Hopping.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Q Q	10092 STATE OF MARYLAND CERTIFICATE OF DEATH
11100	Registration Dist. No. 27
Village or City Cas (No. 20)	St: Ward) (If death occurred by a hospital or institution, give its NAME in stead of street and
PERSONAL AND STATISTICAL PARTICULARS	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEXUALE AUGUSTE SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 9 20 , 1925 0 (Month) (Day) (Year)
6 DATE OF BIRTH May 27-, 1860	I HEREBY CERTIFY, That I attended the deceased from 10th 1, 1920, to 1927 20 , 1923 that I last saw h 1 alive on 1923
(Month) (Day) (Year)	
	. The CAUSE OF DEATH * was as follows;
a) Trade, profession or House Work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsds.
9 BIRTHPLACE (State or country) balunt co	Contributory Secondary (Durstion)
10 NAME OF FATHER William Y. Stevens	(Signed) Musphy M.D. 9-22 1936 (Addres) melsely (Shi
OF FATHER (State or country) Columnt CS (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary J-far. Clasky 13 BIRTHPLACE OF MOTHER (State or Country) Calvert 00 one	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Costport. m	lacdar Hill Sept 23, 19
15 Filed 123 1923 Fry Ge Registrar	20 UNDERTAKER Happing americal
If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Bako., Requesting V. S. No.A. Alex,

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cock, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) detanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic etc. The affection need not be valvular heart disease; contributory

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}	PHYSI-	I. Exact	
	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	licate.
	be stated	be properl	statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH County Anne Arundel	02541 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24
Village or City Crownsville (No.te Mospita	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female black 5 single, Separate Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH March 13th , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH Unknown 1 90 (Month) (Day) (Year)	January 30th 199 March 13th 199 30
7 AGE If LESS the day he day he	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) yrs 1 mos 16 de, Contributory Secondary
Moryland ID NAME OF FATHER Jess Ross	(Signed) (Diemon) yrs mos ds.
OF FATHER (State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Brooks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or Country) Maryland	At place of death
(Informant) (Address) Crownsville, Karyland Filestock 16 1980 Jangle C. Jacks	Where was disease contracted, if not at place of deals? Former or usual residence Baltimore City, Naryland 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2D UNDERTAKER ADDRESS 1303 ADDRESS 1303 PLANTANA S. ADDRESS 1303 PLANTANA S.
If more branks are needed, address State Registr	rar, 16.W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emer," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature of the ," "Convulsions,

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AINLE, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE

V. S. No. 1

HYSI- Exact	PLACE OF DEATH County A	10093 STATE OF MARYLAND CERTIFICATE OF DEATH
Y, P		Registration Dist. No. 2
EXACTL ly classif ficate.	Village or Cit Filesust) (No. 30 2FULL NAME Frank P. 70	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
stated E properly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be ck	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED: OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Rept 1/Th., 1930 (Month) (Day) (Year)
s on	6 DATE OF BIRTH (Month) (Day) (Year)	July 9th 1930. to Oht 11 th 1930.
ms so than	7 AGE 5 mos. 27 ds. or min.?	and that death occurred on the date stated above, at
ly supplain terr	a OCCUPATION a) Trade, profession or Pobol particular kind of work (b) General nature of industry	Chrome Jales stitud pephantis
be careful EATH In pl important	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Pallo Md	Contributory Secondary (Duration) (Duration) Vis. mos. ds.
OF DE	10 NAME OF Patrick Joy	(Signed), Phoson M.D. Alfred (Address) 3564 Hayave of
CAUSE TION	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
inform state ccupA	of Mother Mary 6. Whaten 13 BIRTHPLACE OF MOTHER (State or country) Balto Jud.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
034	(Informant) Mrs Many 7 by	Where was disease contracted, if not at place of death? Former or usual residence.
Every Item CIANS sho statement	(Address) 306 andrey are	DONKLUM DELY SALA SOLUTION OF BURIAL SALA IS 1970 ADDRESS, ACCORDING TO ADDRESS, ACCORDI
N.	Filed 1920 Registrar Registrar If more blanks are needed, address State Registrar	Churles of Skurna Efort 4, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive (b) engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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E C	N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.	1
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County C.	(44) Division No. 21
0 1 6	Registration Dist. No.
Village or City Chunapolis (No Emerges 2FULL NAME Margaret Ele	wey Hoch St.: 2 Ward) A beapital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Whate Single. MARRIED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH OCT. 26 , 1983
A DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
() t 1/2 . 598	Oct. 22 1930 to Oct 26, 1923
(Month) (Day) (Year)	that I last saw h Malive on Oct 26, 1930,
7 AGE	and that death occurred on the date stated above, at 59. Wm.
// I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	fight the state of
8 OCCUPATION (a) Trade, profession or	Shack themarlege
particular kind of work	·
(b) General nature of industry husiness, or establishment in	(Durstion) yrs. mos. B. ds.
which employed or (employer)	Contributory Placenta Prenca
9 BIRTHPLACE (State or country)	Secondary (Durstion)yrsds.
10 NAME OF	Glassillia master un
FATHER Univose Hubbard	(Signed) 1980 (Address) Dermos on Miles
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME) 1 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Jury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Walled All V	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER Q. Co. Nyd.	ients or Recent Residents) At place of death
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, 127 Trunce Jeo, of
14 THE ABOVE IS TROUB TO	Former or usual residence 127 Frances Jeo. St.
(Informant) Burton trancisco	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cumapolis Ujel	Cedar Blaff Oct 30, 150
15 Filed Oct 28 19230 Jangle & Fredistras	John Uf. Vaylor Chuapolis
If more branks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1. 14d.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Tranition," "Heart failure," Haemorinage,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

PLACE OF DEATH	12120 STATE OF MARYLAND CERTIFICATE OF DEATH
County Q. Q.	Begistration Dist. No.
Village or City Smerkol (No. Greeges 2FULL NAME Baby Fran	wey Hospits: 2 Ward) a hospited or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCES (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the daceased from
(Month) (Day) (Year)	that I last saw h & slive on Still barn, 19280,
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the data stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Muliabolic Wild	Contributory Contributory Secondary (Durstion) yts. mos de.
10 NAME OF Burton Francisco	(Signed) Julia Marling M. D.
OF FATHER (State or country)	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Margarit Elmore Hubbard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country Churchpoli Udd	At place In the State yrs mos disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) anapolis alld.	19 PLACE OF BURIAL OR REMOVAL OF BURIAL OCT 30, 130
15 File Oct 28 19232 frage & Registrar	John Maylor appress
If more bianks are needed, address State Registra	r/ W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-.," etc., For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia, (secondary Whooping cough; Chronic Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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1	PLACE OF DEATH		02542	STATE OF I	MARYLAND
Cour	ntyA. A.		(100)	CERTIFICATE	OF DEATH
1			(129)	Registration	Dist. No. 27
Village	or City Annapolis (ince George	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL I		MEDIC	AL CERTIFICATE	DE DEATH
3 SEX Male	4 COLOR OR RACE SSING MAR WID		16 DATE OF DEATH	3-	24 , 19 30
6 DATE	Sept I (Month)	5 , 1,860 (Day) (Year)	17 I HEREBY	CERTIFY, That I att	ended the deceased from 24, 3, 19237
(a) Topartic (b) G busine	pration waterma waterma water from the following states of the following state	9 ds. or min.?	h	hephad	yrede
ST 10 11 11 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	NAME OF FATHER John, Frank, BIRTHPLACE OF FATHER (State or country) MAIDEN NAME	Md.	(Signed)	(Address)	or in deaths from jury and (2) Whether
13 (14 THE	DEF MOTHER UNKNOWN BIRTHPLACE OF MOTHER (State or Country) Uknown ABOVE IS TRUE TO THE BEST OF MINISTRUMENT) Aformant) Mary. Ford,	Y KNOWLEDGE	18 LENGTH OF RE ients or Recent Re At place of death	sidents) In the tosds. State tracted, h?	DATE OF BURIAL
	(Address) Annapolis, M	d.	St. Mary's		Jar. 271930,
15	9 0	111 9 9	20 UNDERTAKER		ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

B.L. Hopping,

Annapolis.Md.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervant, Cook. ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6) For persons who have no occupation Automobile foctory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronehopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.], "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weaknoss," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid - probably sucide. The n ture of the injury. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL 'OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ss important. Example: *Measles* (disease (hronic valvular heart disease; etc. The contributory

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PLACE OF DEATH County Anne ann del	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Gray hid (No. aguge Magel Frankler 2FULL NAME Sugar Frankler	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to function, 1930, that I last saw here alive on function, 1970,
7 AGE If LESS that day hrs day or min.; 8 OCCUPATION day or min.; (a) Trade, profession or or or or or or or or	. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. nos / 6 ds.
9 BIRTHPLACE (State or country) M	Secondary (Duration) Jures mos ds,
FATHER Muknow	(Signed) Wally & asser M. D.
OF FATHER (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Heauthlen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) THE BEST OF MY KNOWLEDGE (Address) The Best of MY	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL World CHARLES (ADDRESS)
Filed 1900 My Registras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	He

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precion of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—the duties of the additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, Physician, report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many The ques-

Streement of Cause of Death—Name, first, the DIS-EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condig cough; Chronic valualar heart disease; interstitial nephritis, etc. The contributory or intercurrent) affection need not be Nomenclature Measles;

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Exact.	PLACE OF DEATH County Class audel,	07597 STATE OF MARYLAND CERTIFICATE OF DEATH
F CORD ated EXACTLY openiy of a settled	Village or City Farming (No	Registration Dist. No. 25 St.: Ward) (If death occurred is a hospit of constitution, give its NAME is stead of street an number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANENT A Ee st y be pr ack of	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3 8 , 1923 0 (Month) (Day) (Year)
WRITE MINL WITH UNFADING INK-THIS IS A PERMA BEvery Item of information should be carefully supplied. ACE chould clans should state CAUSE OF DEATH in plain terms so that it may statement of OCCUPATION is very important. See instructions on bac	(Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 If LESS than I day hrs. or min.? ds. or min.? ds. or min.? ds. or min.? ds. or min.? business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Eiled (Month) (Month) (Day) (Year) (Fear) (Formant, State or country) (Address) (Month) (Month) (Day) (Year) (Formant, State or country) (Address) (Month) (Month) (Day) (Year) (Formant, State or country) (Address) (Month) (Month) (Day) (Year) (Formant, State or country) (Address) (Month) (Month) (Day) (Formant, State or country) (Address) (Month) (Month) (Day) (Year) (Formant, State or country) (Address) (Month) (Month) (Day) (Month) (Day) (Formant, State or country) (Address) (Month) (Mon	that I last saw he olive on 127, The CAUSE OF DEATH * was as follows:
p z	If more bianks are needed, address State Registra	ar, 16 W. Sarotoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, lired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully cm-ployed, as At school, or At home. Care should be taken loborer, Farm laborer, Laborer-Coul mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealshould additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, or given up on account of the DISEASE CAUSING DEATH, gaged in dome-tic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on be used only when needed. As examples: (a) (b) Colton mill; (a) Salesman, that fact may be indicated thus; Former (re-For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many person, irrespective of Locomotive engineer, 6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion,"
"Inanition," stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, approved by Committee on corbolic acid-probably suicide. The nature of the injury; accident; Revolver wound of head-homicide; American Medical Association. (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: A coidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid "Heart failure," "Hacmorrhage, "Marasmus," "Old Age," "Shock," Chronic valvulor heart discose; "Senile," etc.), "Dropsy, etc. The Nomenclature contributory Poisoned by not be

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	/		
	15/1	1 PLACE OF DEATH	oc392 STATE OF MARYLAND
1	36		CERTIFICATE OF DEATH
	4	County Struss	Registration Dist. No. 22
Q	TLY	Village or City Harman (No. Mal	theustoges Ward) (If death occurred in
CORD	XACTL classifi ate.		a hospital or institu- tion, give its NAME in-
REC	M >0	2 FULL NAME Enerice Camill	a Franklin humber.)
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REI	be st	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH VIN 4 1920
RMA	ac d	Tomal (o) WIDOWED OR DIVOLET CONTROL	(Month) (Day) (Year) 17 J HEREBY CERTIFY That I attended the decessed free
PER	shoul it ma on ba	6 DATE OF BIRTH	16 Lor 1920, 10 3 June 1923
∢	hat ons	March 10 1886	that I last saw har alive on Sunt, 1983
IS	A o ti	(Month) (Day) (Yenr) 7 AGE	and that death occurred on the date stated above, et
HIS	piled ms s instri	HV 2 25 Idayhrs.	The CAUSE OF DEATH & was as follows:
	supp term	8 OCCUPATION ds.lords.lords.lor	austenaus, comme
N. N.	_ c "	(a) Trade, profession or particular kind of work.	~
NG	ATM in plair important.	(b) General nature of industry business, or establishment in	(Duration)yrsmosde
	P In	which employed or (employer)	Contributory Secondary
NFA	EAT FAT	A state or country) or wood Co Marriage	L Dydation vre. mos. / d
\supset	d :	10 NAME OF FATHER CAMPA F Franklin	(Signed) Woodnuff, My
ITH.	E 0 %	9 11 BIRTHFLORE COLOR	State the Distanc Causing Death, or, in deaths from
-	mation s e OAUSE	(State or country) 7005 William	State the Discass Causing Death, or, in deathe Arona Vicient Causes, state (1) deans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
0	e 0A	a of Manuel Sener Gambrill	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferis, or Recent Residents)
LA	state	13 BIRTHPLACE AS MAI	At place In the of death yrs. mos. da. State, yrs mos. de
	ould tof 0	(State on Johnson) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease centracted, if not at place of death?
RIT	sho	Informant Frank Frankliss Zally	Former or usual residence
M	in series	Maria his	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	CIAI	i Address) Humans ma	Homestoadoum a Juice Tth. 1930
	63	Filedune 6 1930 Darafu Hashuf	20 UNDERTAKER JADRIESS
4	2	U more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. L
	44	a giore binar are nected, address binte Registrar.	AU 11. PRINTINGS DISC PRINTING AND THE STREET, N. T. W. T. W.



	1	C
	WRITE	v item
V. S. No. 1	T	N. BLEWET

	PLACE OF DEATH County Green County	STATE OF MARYLAND CERT!FICATE OF DEATH Registration Dist. No. 22
	Village or City Harmone (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	Jensel While Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 21, 1980. (Month) (Day) (Year)
	(Month) (Day) (Year)	that I last saw her alive on Sept 2, 1920.
	yrs. 10 mos. 18 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at // // / Im. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos. ds.
	10 NAME OF Paymond, Franklin	(Signed) M. D. M.
	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Tola Deanor Superitor 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
	(Address) Harmons my L. Jones Filed Sept 22 1950 N. L. Jones Registrar	19 PLACE OF BURIAL OR REMOVAL Trienaship Cemetery Sept 23, 1930 20 UNDERTAKER Lloyd Maiser Laurel Md
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Without more present in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coat mine, etc. woun-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken work, worked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Salesman. Locomotive 6 cngineer, Grocery; trolu

Statement of Cause of Death—Name, first, the practices and cause of Death—Name, first, the practices are and causation), using always the same accepted term for the same disease. Examples: Cerebroying fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croap"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

pred in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

anently filed

"("Inanition," "Heart failure,
"("Inanition," "Marasmus," "Old Age," "Shock,"
"("Uraemia," "Weakness," etc., when a definite disease "Debility" inges, peritonaeum, etc., Carcinoma, Sarcoma, Cancinoma, Cancer' is less definingues of "Tumor' for malignant neoplasms); Chronic interstitial nephritis, Capploved by atic), stated unless important. Example: Mcasics (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) 'American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-Whooping cough; and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and all questions may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Chronic affection need etc. The contributory valvular heart discase; Nomenclature

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PARENTS

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Registrar

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

08891

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH	and h
	Cujust-11	, 19 5 d
-	17 I HEREBY CERTIFY, That I atte	(Day) / 93(Year)
_		, 192
	that I last saw halive on	192
	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	above, atm,
•		
	accidental drow	ning
ı		0
	/D -> \	**************************************
		_yrsds.
	Contributory Secondary	
		yrsds.
	(Signed) John W. Quelesson	
	192 (Address) Lluis	folis Ith
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju	or, in deaths from
	Accidental, Suicidal or Homicidal.	
	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
	At place In the	
,		yrsds,
	Where was disease contracted, if not at place of death?	
	Former or usual residence.	***
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	Masjungland 6.	X-15, 1930
	20 UNDERTAKER	ADDRESS
	1chm./success 1.	30-MML

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Wom-ome, who are engaged in the duties of the Cotton mill; Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material single word or term on The ques-(a)

Streement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Measles; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County Anne Arundel	06393	STATE OF I	
certificate.	Village of City Sevenus Park (No	2	St.: Ward)	(16 1-11 1 :
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	AL CERTIFICATE C	OF DEATH
back of	Male laucasian 5 SINGLE; Married Male laucasian 5 SINGLE; Married Ma	16 DATE OF DEATH	June 9	(Day) (Year)
on	Fibruary 27, 1864 (Month) (Day) (Year)	June 6	CERTIFY, That I att	ended the deceased from
instructions	7 AGE 66 yrs. 3 mos. / 0 ds. or min.?			above, at 0 2 Pm
important. See	(a) Trade, profession or Vice Ires, WATER particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Performance (State or country)	Contributory Secondary	(Durstion)	yrs. Gmos. de
TION is very	10 NAME OF FATHER Shu Fries 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME A	(Signed)	(Address) Death, te (1) Means of Inj	Burnie Inc
FOCCUPATI	OF MOTHER Marths line Starfer 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Res ients or Recent Res At place of death	idents) In the State acted,	als, Institutions, Trans
statement o	(Informant) (Address) /D 9 S Trequest Pl But	Former or usual residence	0.00 4.440.0.00.00.00.00.00.00.00.00.00.00.00	DATE OF BURIAL
ete	If more branks are needed, address State Registrate	20 UN DERTAKER Sten FD A6 W. Saratoga St., B	enny X	ADDRESS 5 Light St
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V. S. No. 1

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(Approved hy U. S. Census and American Public Health Association.)

er," etc., without more precise specification in a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, business, that fact may he indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (a) the kind of work and also (b) the Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicacmia," "PUERPERAL perilonilis," diseases resulting from childhirth or miscarriage as "Exhaustion," "Heart failure, fraemornage, "Shock," "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may he stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. State cause for which surgical operation was undercan he ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need etc. The contributory valvular heart Nomenclature not he disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE	OF	DEATH
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Village or City Ft. George G. Meade (No.

County Anne Arundel

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 27

ACC,	gistimic
C.	837

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

2FULL NAME WILLIAM F. GAIDER

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE	OF DEATH
3 SEX Male	4 COLOR OR RACE White	SSINGLE, MARRIED, WIDOWED Single OR DIVORCED (Write the word)	16 DATE OF DEATH January (Month)	
January (unknown) , 1 902 (Month) (Day) (Year)			Viewed the remains of the on Ft. George G. Meade Resthat I last saw h	deceased found ervation July 15/3
28 yra. ? mos. ? ds. or min.? 8 occupation (a) Trade, profession or particular kind of work			The CAUSE OF DEATH * was as follows: Gunshot wound of head, m unknown	
(b) General nature of industry business, or establishment in which employed or (employer)		(Duration)	y instant death)	
9 BIRTHPLACE (State or country) Pennsylvania 10 NAME OF FATHER Banjamin Gaider 11 BIRTHPLACE OF FATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (State or Country) Unknown		Contributory Secondary (Duration) (Duration) (Signed) (Duration) (Duration) (Signed) (Signed) (Duration) (Duration) (Signed) (Signed)		
		18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)		
(Informan	Taken from records.	official Army	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Arlington National Cemetery	DATE OF BURIAL July 23 , 19 30
Filed Jul	y 15 1930 H.	H. Baily, Col. M.C. USA	· Llovd Kaiser	Laurel. Md.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Paysician, Compositor, Architect, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is necesyrs): For persons who have no occupation without more precise specification as Stationary fireman, etc. But in many Locomotive engineer, Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicidc; Poisqued by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations, on Statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature disease; of the

If this certificate is looked Duer thousandy and all qu stions answered in detail, it will greve to urther to respondence. All the data is essential and most be obtained before the certificate is permanently filed.

PLACE OF DEATH

07598 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(if death occurred in

St.: Ward)

a hospit I or institution, give its NAME i -number.)

MEDICAL CERTIFICATE OF DEATH

HEREBY CERTIFY. That I attended the deceased from

and that death occurred on the date stated above, at

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Death, or, in

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., warm laborer, lahorer, Farm laborer, are tired 6 yrs). Spinner, (b) Coton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furnier (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenmid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Laborer-Coal minc, etc. Wom-Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerchrospingl fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"); Lobar yneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, etc. The contributory (secondar/ or intercurrent) affection need not be inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and a 1 qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ally supplied. ACE should be stated EXACTLY, PHYSI-	INE_THIS IS A PERMANENT	UAC.	
	upplied. ACE should be stated	EXACTLY	, PHYSI-

act	1PLACE OF DEATH	03915 STATE OF MARYLAND
X Id	County	© CERTIFICATE OF DEATH
ied	0	Registration Dist, No. 22
operiy classified certificate.	Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
be pr ck of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	J SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
on on	6 DATE OF BIRTH (Mos bin) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193, to april 13, 193, to that I last saw name alive on 192,
ms so that instructions	7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
n piain te	a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration)
EATH i	9 BIRTHPLACE (State or country) Leven amelinudely to	Contributory Secondary (Duration)yrs,
s very	10 NAME OF FATHER Tomas Calvin Faither	(Signed) M. D. April 193 (Address) I A Hammond
TION	CState or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
00.	of MOTHER Goldie Frene Grifith	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
d stat	OF MOTHER (State or Country) (State of Country)	At place of death yrs. mos. ds. In the State yrs. mos. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
CIANS shoul	* (Informant) Thomas Calvin Scitter	Former or usual residence
aten	(Address) Sellen Md	Friendship Cemetery apl 14, 1930
0 8	15 Filed apl 14 1930 N.L. Janes Sepy Lea Pregistrar	Thes. Calvin Gaither Severn ma
	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farner (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul minc, etc. Wom-(b) Collon without more precise specification as Day For persons who have no occupation mill; (a) Salesman. (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). use of "Tumor" for malignant neoplasms); Mcasles, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic valvular etc. The Nomenclature Always qualify all heart contributory disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIAMS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD A PERMANENT BINDING FOR INK---THIS IS RESERVED WITH UNFADING MARGIN WRITE

No.

COUNTY OF CERTIFICATE OF DEATH Registration Dist. No. Str. Ward (If death occurred in a heapital strated and number) PERSONAL AND STATISTICAL PARTICULARS SEX A COLOR OR RACE STINCLE. OR DIVERSED OR DIVERS	PLACE OF DEATH	13491 STATE OF MARYLAND
Village or City Maye (No. St.: Ward) A decented in the security of the securit	County D. A. Co	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE MARRIED (Nonth) (Day) (Ver (Write the word) The CAUSE OF DEATH (Occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed of (employed) 10 NAME OF PATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 I MADEN AME (State or country) 13 I BIRTHPLACE OF MOTHER (State or country) (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Market 192 For Burther Countribut OF BURTH ADDRESS Registran ADDRESS ADDRESS ADDRESS MEDICAL CERTIFICATE OF DEATH (Man. 25, 1928) (Ver) (Ver		(29) Registration Dist. No.
S SEX A COLOR OR RACE WHERE TO MARKETED WIDOWED (ROTTO) S DATE OF BIRTH Where To Common Marketed Williams and Common Marketed Wi	1 4 4 90	stend of street and
MARTENDO CR DIVORCED (Write the word) S DATE OF BIRTH When the word) (Nonth) (Day) (Year) (Nonth) (Day) (Y	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Nonth) (Day) (Year 7 AGE Whom If LESS than I day, hrs. Is CAUSE OF DEATH " was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Maid 26 192 John Law Law Registers 16 CAUSE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL OF BURIAL	MARRIED, WIDOWED CR DIVORCED	May. 25, 1938 (Month) (Day) (Year)
TAGE If LESS than day hrs.	6 DATE OF BIRTH	Mas 15, 1930.10 May 25, 1930.
Iday hrs. The CAUSE OF DEATH " was as follows: John Strate John		
Coccupation of particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF PATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) MACOVERS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) DATE OF BURIAL (Address) MACOVERS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed MACOVERS TRUE TO THE BEST OF MY KNOWLEDGE To Filed MACOVERS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) DATE OF BURIAL ADDRESS MACOVERS TRUE TO THE BEST OF MY KNOWLEDGE To Filed MACOVERS TRUE TO THE BEST OF MY KNOWLEDGE To Filed MACOVERS TRUE TO THE BEST OF MY KNOWLEDGE To Filed MACOVERS TRUE TO THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True To THE BEST OF MY KNOWLEDGE To Macovers True True To THE BEST OF MY KNOWLEDGE To Macovers True True To THE BEST OF MY KNOWLEDGE To Macovers True True True True True True True True		
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Which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (Bate or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Mayo		·
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(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Manyo Address) 15 Filed (State or country) 16 State or country) 17 Means of Logury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of death, yrs		
OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Mayo and	Z (State or country)	Violent Caus-s, state (1) Means of Loury and (2) whether Accidental, Suicidal or Homicidai.
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(Informant) Sou in law Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS Filed Mirial 192 for leallow 20 UNDERTAKER Registras Registras Rorus Palloff West Reg.		Where was disease contracted,
(Address) mayo and 19 PLACE OF BURIAL OR REMOVAL (Address) Mayo and Soft leheful Mond 1930 15 Filed Miral 192 John College 20 UNDERTAKER Registra: Morry Galbott West Riggs		Former or
Filed 100 192 for Contra Morris Salbott West Mayo	7.0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL POOL 71930
and the same of th	Tarante front and a second and	20 UNDERTAKER FOLLSH WEST R.
		. 16 W. Saratora St., Balton Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, c. g. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocen at home, er, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed 13 report etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never repart "Typhoid Pneumonia"; "obar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., et "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstit'al nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease Whooping "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably sweide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, cough; by Committee on Chronic Example: Measles (disease valvular heart disease; etc. The nature of the injury Nomenclature of the The Always qualify al contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH Anne Arundel 08892

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 2/
Village or City Crownsville. State Hosp	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex 4 color or race 5 single, Married Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH August 10th , 192-30 (Year)
Unknown , 1 888 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 31st 19223 to August 10 19230 that I last saw h er alive on August 10th 19230
7 AGE 42 yrs. unknown ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at 7:45P
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (Ntate or country) 10 NAME OF Maryland	Contributory Dementia Praecox Secondary (Simple) (Simple) (Duration) (Duration) (Duration) (Duration) (Duration) (Simple) (Simple)
Samuel Jefferson It BIRTHPLACE OF FATHER (State or country) Maryland	(Signed). M. D. Aug. 10 19230 (Address) Crownsville, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Emma Jones	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
of Mother Maryland (State or Country)	At place of death yrs
(Informant) Hospital Records (Address) Crownsville, Maryland	Former or usual residence Princess Anne, Somerset Com 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WIT Yourn Court. Princess Care Cury 14, 1932
15 Filedery 12 1930 fray a C. fra Whe	This E. Kellsey Bull.

N. B.-

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. busines, that fact may be indicated thus; Furnier (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Cure should be taken en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocetc., 6 yrs). or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as For persons who have no occupation Laborer-Coal mine, etc. Womsingle word or term on As examples: (a) (b) Grocery; Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "erebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E.haustion," "Heart failure," Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicuemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIGLENT DEATHS State MEANS OF INJURY causing (secondar Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need (hronic valvular heart etc. The contributory disease, not be etc., of

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	PLACE OF DEATH	STATE OF MARYLAND
	County a.	12121 CERTIFICATE OF DEATH
		Registration Dist, No.
	Lambrello	
7	Village or City (No.	St: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Rlegabeth	Tacubrice tion, give its NAME is stend of street and number.)
	-I OLL NAME	
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
:	S SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Stover 24 10030
	WIDOWED. OR DIVORCED (Write the word)	1000
	6 DATE OF BIRTH	(Month) (Day) (Year) (Year) (Month) (Day) (Year)
	acea 30 , 930	on Oct 19 1930. to , 192 ,
	(Nohth) (Day) (Year)	that I last saw her alive on October 79, 192 ,
1	7 AGE [If LESS than	and that death occurred on the date stated above, at / J. J. J. m.
	1 dayhrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	Salers P. L.
*	(a) Trade, profession or particular kind of work	for the formal series
No.	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) yrs. mos 3 ds.
	BIRTHPLACE	Contributory Secondary
	(State or country Lawbrillo latohy	(Durstien) yrs. mos ds.
1	TO NAME OF STATE OF Grandones	(Signed) Mubrise / arca, M. D.
	11 BIRTHPLACE	10, > 4 1930 (Address lima fishes his
	0)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of lajury and (2) Whether
	OFFATHER (State or country) 12 MAIDEN NAME) 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	Violent Causes, state (1) Means of Tajury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER lice Notsey	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) Jambrus Wills	of deathyrsds. Stateyrsds. Where was disease contracted,
1	4 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	it not at place of dea h?
	Interment to fire Wy dantonic	Former or usual residence
	Marylowelo alatake	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	Maridones much yard 14 26, 630
	15 Filed Det 25 190 Rollinger	20 UNDERTAKER ADDRESS
	Registra	Marker / works
	If more b.anks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Bulto., Lequesting V. S. I.o. 1. / Tul

(Approved by U. S. Census ɛnd American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Locomolive engineer,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiscases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY PHYSI-CORD WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR WRITE V. S. No. 1

Village or Cital Market Country Registration Dist, No. 24 Registration Dist, No. 24 Registration Dist, No. 24 Registration Dist, No. 24 Ward) (If death occurred in the domain of the post of the country of a treet on intitute dion, give its NAME in the distribution of the street on intitute dion, give its NAME in the distribution of the post of the country of a treet on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the distribution of the data street on intitute dion, give its NAME in the d	PLACE OF DEATH	STATE OF MADVI AND
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and that deeth occurred on the date stated above, et	(North) (Day) (Year)	1 711 9
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		16 W. Saratoga St., Balto, Requesting V. S. No. 1

(Approved by U.S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (6) material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septieaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need etc. The contributory valvular heart not disease;

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X	HYSI- Exact	PLACE OF DEATH County a a Co	03916 STATE OF MARYLAND CERTIFICATE OF DEATH
	. be		Registration Dist. No. 22
ORD	EXACTLY if classificate.	Village or City No. (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	stated E properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING ANENT	d he ack c	Male Thit (Write the word)	16 DATE OF DEATH 4 7 , 1930
A PERM	t it	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hunglive on april 97 7, 1930.
ED FOF	ed. A	7 AGE 47 yrs. // mos. /8 ds. ormin.?	and that death occurred on the date stated above, at 9.30P m The CAUSE OF DEATH * was as follows:
SERVE INKTI	su n t	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
N RES	carefully H in plai	business, or establishment in which employed or (employer)	Contributory Secondary
MARGI	uld be ca F DEATH very Impo	(State or country) Wa. Co Md 10 NAME OF FATHER GRAY LANGUAGE	(Signed) M. D
WITH	cAUSE C	11 BIRTHPLACE OF FATHER (State or country) UMC MAC MAC MAC MAC MAC MAC MAC	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
		12 MAIDEN NAME OF MOTHER MINISTER DISCHEY 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)
O. F.	d st	OF MOTHER (State or Country) QQ Q CO	At place of death yrs mos ds. State yrs mos de State yrs
WRITE	shoul	(Informant) Futter (Principal)	Former or usual residence
W	Every Item CIANS sho statement	(Address) Seven MU	Tryplety april 1931
	1 0	Filedafil 10 19230 M. I. Jones	It Hechart for Northan

If more banks are needed, address ttate Kegistrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public ... Health Association.)

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Strteniest of Cause of Death—Name, first, the Disea. I cause of Death—Name, first, the Disea. I cause to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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ADDRESS Ball.

CEPTEICATE OF DEATH

mation should be carefully supplied.
OF DEATH in plain terms, so that it important. See instructions on back B.—WRITE PLA

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CERTIFICAL	E OF BEATH (180-C)
1—PLACE OF DEATH	REGISTERED NO.
CITY OF BALTIMORE: (No. Sherwood Jore	(If death occurred in a hospital or institu-
CITY OF BALTIMORE: (No. MICHIGAN	ST., WARD) a hospital or institu-
/2-FULL NAME Lender Garrett	instead of street and number.)
(a) RESIDENCE NO. 107. D. Bond	
(a) RESIDENCE NO. 10 (Usual place of abode)	ST., WARD (If non-resident give city or town and State)
Length of residence in city or town where death occurred 4yrs. mos	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed,	16 DATE OF DEATH (month, day, and year) Low 24-19
Male bolord or Divorced, (write the word)	I7 LOHEREBY CERTIFY, That I attended deceased from
5a If married, widowed, or divorced	MW 24, 1930, to 10.
HUSBAND of (or) WIFE of	1922, to
10.1	that I last saw halive on
6 DATE OF BIRTH (month, day, and year)	and that death occurred, on the date stated above, atm.
7 AGE Years Months Days If LESS than I day,hrs.	The CAUSE OF DEATH* was as follows:
24 - ormin.	Killed by Antomible going
8 OCCUPATION OF DECEASED	down Bank and Juning ere
(a) Trade, profession or Chefoer	11:001
particular kind of work	as him and full him orders
(b) General nature of industry, business, or establishment in	
which employed (or employer)	CONTRIBUTORY
(c) Name of employer Vaul Sadden	(Secondary) (duration)yrsmosds.
9 BIRTHPLACE (city or town)	18 Where was disease contracted if not at place of death?
D '04 1 11	Did an operation precede death?Date of
10 NAME OF FATHER William Garrett	
	Was there an autopsy?
2 11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
(State or country)	(Signed Lower M 14 of few Alby les got
11 BIRTHPLACE OF FATHER (city or town)	Nor 25, 193 O (Address) Amspoli Mar
12 BIRTHPLACE OF MOTHER (city or town)	*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental,
	Suicidal, or Homicidal. (See reverse side for additional space.)
Informantamue travers	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
(Address) 806 n. caroline st	Int Contrara Coul hor 28 19.3
15 9 - 25 0 0 30	20 UNDERTAKER ADDRESS
Filed M Lo 1930 free 4 Cofo ger Mes	10 16. Bull.

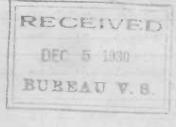
[Approved by U. S. Census and American Public Health Assn.]

indicated thus: Farmer (retired, 6 yrs.). For persons EASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who Never return Laborer, "Dealer," etc., without more precise specification, "Laborer Laborer Coal Mi who have no occupation whatever, write None. has been changed or given up on account of the DISwife, Housework or At home, and children, not gainreceive a definite salary) may be entered as House-Day Laborer, Farm Laborer, Laborer-Coal Mine, dustry, and therefore an additional line is proemployments, it is necessary to know (a) the kind of persons engaged in domestic service for wages, Servant, Cook, Housemaid, etc. If the occupat be taken to report specifically the occupations fully employed, as At school or At home. Care should Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," vided for the latter statement; it should work and also (b) the nature of the business or inman, etc. But in many cases, especially industrial Farmer or Planter, Physician, Compositor, Architect, healthfulness of various pursuits can Locomotive Engineer, Civil Engineer, Stationary Fireword or term on the first line will be sufficient, e. g., respective of age. For many occupations a single The question applies to each and every person, iroccupation is very important, so that the relative Statement of Occupation.when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) Cook, Housemaid, etc. If the occupation -Precise statement of be be used known. of

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

mere symptoms or terminal conditions, such as "As thenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be asstatement of cause of death approved by Committee on Nomenclature of the American Medical Associanature of the injury, as fracture of skull, and consequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on amples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. septicemia," fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probcause for which surgical operation was undertaken. sulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State certained as the cause. Always qualify all diseases re-Poisoned by carbolic acid-probably suicide. Bronchopneumonia (secondary), 10 ds. Never report nephritis, etc. malignant neoplasms); "Cancer" is less definite; avoid use of "Tumor" for For violent deaths state means of injury and quali-Example: Measles (disease causing death), 29 ds.; current) affection need not be stated unless important. Chronic valvular heart disease; -accident; Revolver wound of head-homicide; The contributory (secondary or inter-Measles; Whooping cough, Chronic interstitial "Inanition,

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



important.

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PLACE OF DEATH A.A. County

06395

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190

(Yes

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATI		DEATH
Registration	Dist.	No. 27

ty	St: Ward)	a hospital or institution, give its NAME in stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
d.	June 2	6 , 19230
=	17 I HEREBY CERTIFY, That I atte	
2		, 192
han hrs. in.?	and that death occurred on the date stated. The CAUSE OF DEATH * was as follows: Drowning Body Found Floating Gibson Isle. June 2	Off
	Contributory Acceleration (Durstion)	Vie mos de
	(Signed) State the Piscase Causing Death, Violent Causes, state (1) Means of Inj.	Corone no
	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents) At place In the	als, Institutions, Trans
_	of deathyrsmosds. State Where was disease contracted, if not at place of death? Former or usual residence	yrsde
	Baltimore Md.	July 1 150
20	C. Vernon Lemmon	ADDRESS Relto Md

Village or City Gibson Isle. Ella Hoban Garri 2FULL NAME PERSONAL AND STATISTICAL PARTICU 5 SINGLE. 3 SEX 4 COLOR OR RACE Marrie MARRIED, WIDOWED. OR DIVORCED (Write the word) White Female 6 DATE OF BIRTH July 26 (Month) (Day) 7 AGE If LESS I day 8 OCCUPATION
(a) Trade, profession or House particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) (State or country) Baltimore Md. 10 NAME OF Joseph Henry McNalley 11 BIRTHPLACE PARENTS OF FATHER Balto Md. (State or country) 12 MAIDEN NAME OF MOTHER Ella Hoban 13 BIRTHPLACE OF MOTHER Baltimore Md. (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE A. Garrity (Informant) 2826 Matthew Balto. Md St. (Address) Filed Registra

m

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enworked on may form part of the second statement. Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, q For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer--Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY cough; Committee on Nomenclature Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT BINDING RESERVED FOR MARGIN WRITE V. S. No. 1

PLACE OF DEATH	0\$893 STATE OF MARYLAND
County ann Urundel	CERTIFICATE OF DEATH
-1	Registration Dist. No. 25
Village or City Pasadene (No. 34	Ward) (If death occurred in a hospital or institution, give its NAME 11-
2 FULL NAME Calle 6, 8	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCES (Write the word)	16 DATE OF DEATH Quy 29, 1930 Alonth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h h alive on Com 25, 1923
7 AGE [If LESS that	and that death occurred on the date stated above, at
yrs. mos. 4 ds. or min.	
B OCCUPATION (a) Trade, profession or	Cerebral pensorbage
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	Duration vrs. mos J. de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER LA KELLE	(Signed) Duration by yes mos ds.
() II BIRTHPLAGE	any 25 1923 (Address) 2/05 Charle
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Honore / hull	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Las Samo	Former or usual residence
(Informant) (Address) 3/4 MT Noll V	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DEPT. Y, 1930
FiledAug 30 1930 Chas. H. Brooke. N. Registrar	Hanaphy: Hyun 1477 hight
If more branks are needed, address thate Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day nature of the business or industry, and therefore an tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, applies to each and every person, irrespective of Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation (b) Automobile factory. The material single word or term on The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary). stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"Ethaustion," "Heart fallure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) Chronic etc. The contributory valvular heart disease, affection need not be Nomenclature etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

1PLACE OF DEATH	STATE OF MARYLAND
County G. G.	CERTIFICATE OF DEATH
	Registration Dist. No. 27
Village or City Annapolis (No. Compress	St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME Odely & als	42
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Made White Single, widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH DRC, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec 1	Dec 19 190. to Dec 19
(Month) (Day) (Year)	that I last saw h walive on Day 5301
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or 5 min.?	Proceeding (5 months)
8 OCCUPATION	Birth
(a) Trade, profession or particular kind of work	1
(b) General nature of industry business, or establishment in	(Duration)yramosda.
which employed or (employer)	Contributory
(State or country) Assapoles Md.	Secondary (Dystien)
10 NAME OF Herfert K. Pates	(Signed) Jana (Address USUA - Different
11 BIRTHPLACE OF FATHER (State or country) Crucapolis Md.	*State the Disease Causing Death, or, in Araths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Theresa Borthick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Cal,	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
A. Mulet K Sate	Former or usual residence
(Address) Assapplia 246	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL David Researchy 50 1930
15 Filed fre 18 1950 frag 4 C. fregistrar	John Dertaker Vay le Umapoli
16 mans hunks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Inanition," Wardshuw, when a definite disease "Ifaemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ass important. Example: *Measles* (disease Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County 4	02543 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Usuapolis (No. 339 W. 2FULL NAME Janus La	Registration Dist. No. 24 St.: 3 Ward) War
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 9, 1983D (Month) (Day) (Year)
6 DATE OF BIRTH (Mgh/h) (Day) (Year)	17 I HERBY CERTIFY, That I attended the deceased from 1923 to Track 9, 1923 that I last sew h malive on March 9, 1933
7 AGE S 9 yrs. 6 mos. 25 ds. or min.?	
(a) Trade, profession or particular kind of work olice 2 Clest (b) General nature of industry business, or establishment in	* lus
which employed or (employer) 9 BIRTHPLACE (State or country) 1 C 2// 2 W/d	Contributory Usterio - Selimio Secondary (Durstion) yrs. do
10 NAME OF FATHER GARRIES Daniel	(Signed) 17-1 4 C. To 4 M. I hearth 1762 3 QAddress) Research Inf.
(State of country) (4 Co U/4.	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Waly Class Princhy 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
OF MOTHER (State or Country) Q Q Co, Md.	At place of death yrs mos ds, State yrs mos dds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mis Jas. Sault	usual residence
(Address) A Consuport Myd	Cedar Bloss Cent Harl 2 1931
15 File March 12,9237 Jang 6 C. Fry 4 h	Hundly Jay la Christolia
If more bianks are needed, address tate Registras	16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without inver-Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart not be disease;

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WRITE

V. S. No. 1

OF MOTHER

(Informant)

Filedan

(State or Country)

X		PHYSI-
	CORD	supplied. ACE should be stated EXACTLY, PHYSI- in terms so that it may be properly classified. Exact See instructions on back of certificate.
טַ	K-THIS IS A PERMANENT CORD	be stated be properi
ERVED FOR BINDING	PERMA	E should at it may ns on bac
FOR	S IS A	d. AC so the
RVED	K-THIS	suppile in terms See inst

	7.50			- 77
	PLACE OF D	EATH		
	County Anne	Arundel		
il	llage or City	rownsvi	lle (Nitate Hosp	i ta
	² FULL NAI	ME	Alverta Gee	10000000000000
Ī	PERSONAL AI	ND STATIST	ICAL PARTICULARS	
2	BEX 4 COL	OR OR RACE	BSINGLE, Married	1
F	'emale d	colored	WIDOWED. OR DIVORCED (Write the word)	
1	DATE OF BIRTH			
	***************************************	Unknow (Month)		
-	AGE IfLESS than			
	25	yrs. Un	hos OWN ds. or m	
S. C.	a) Trade, profession particular kind of we	or Do	mestic	m
A	b) General nature of	f industry	Housekeeper	
_	State or country)	Mary		
	1D NAME OF		n Watts	
	11 BIRTHPLACE OF FATHER (State or country	Merv		
1	12 MAIDEN NAME OF MOTHER	Unkn	own	1
	13 BIRTHPLACE			

(Address) Crownsville, Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

0106 STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
color or RACE SINGLE, Married MARRIED, OR DIVORCED (Write the word)	January 11th , 19230 (Month) (Day) (Year)		
Unknown , 1 904 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from September 17 1928 to January 11th, 1923 that I last saw her alive on January 11th , 1923	0	
5 yrs. Unknown ds. or min.?	and that death occurred on the date stated above, at 11:45P. The CAUSE OF DEATH * was as follows: Acute exhaustion due to prolonged		
ssion or Domestic	naniscal excitement, due to lues		
re of industry blishment in or (employer) Housekeeper	(Duration) yre 3 mos contributory Feeble-minded with a	de.	
Maryland Maryland	Secondary psychosis you unknown	da.	
Newton Watts	(Signed) M. Jon. 11 19230 (Address) Crownsville, Md.	D.	
Maryland Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	_	
Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	18-	
untry) Maryland	At place 1 yrs 3 mos 24 ds. In the State 25 yrs mos co	ds.	
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah? Former or usual residence Annapolis, Maryland		
Hospital Records	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL		
o Crownsville, Maryland	Broad Neck Cemetery 1/15 . 1930	0	
19230 for to C. To C. Ka	20 UNDERTAKER H. B. Parker& Son 47 Washingto		
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	-	

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

#2623
Anne Arundel County
Sept. 17, 1928
Died January 11, 1930

tetanus) may be stated under the head of "contributory. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1				
	PLACE OF DEATH	05189 STATE OF MARYLAND		
	County ame aunder	CERTIFICATE OF DEATH		
	County			
	0.0	Registration Dist. No. 2		
1	Village or City Jely 16 No. Dreey	Haven St.: Ward) (If death occurred in		
/		tion, give its NAME i		
3	2FULL NAME AND A DIVE	My Stead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH		
	MARRIED. WIDGED OR MORCED	22		
3	(Write the word)	(Month) 2/ (Day) /93 Qar)		
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from		
	15 1928	Pul 180 to 1//ay3/ , 1900		
	(Month) (Day) (Year)	that I hat saw h walive on May 30 , 1970 ,		
	7 AGE (IfLESS than	and that death occurred on the date stated above, at 10 A m.		
3	I day hrs.	The CAUSE OF DEATH * was as pollows:		
0	6 5\ yrs. 1 mos. 1 ds. or min.?	Chrisic duterstilled / (Explush		
	O OCCUPATION	Corteur School		
2	(a) Trade, profession or Patricular kind of work	Muca 1.t-		
1	(b) General nature of industry			
0/-	business, or establishment in which employed or (employer) Oyola Pucker	de.		
5	9 BIRTHPLACE	Contributory Cerebral Munior hafe		
	(State or country)	Secondary (Duration) yrs mas 3 ds		
	10 NAME OF	(Duralion)mossde.		
D	FATHER OF STATE OF ST	(Signed)		
0	11 BIRTHPLACE	S/2//2 192 (Sedress) A less Dunn E		
	OF FATHER (State or country) Ballinge Mel	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether		
2	(State or country) Ballimare 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.		
(of MOTHER MARIAN (1) Stole and	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
)	13 BIRTHPLACE	ients or Recent Residents) At place In the		
	OF MOTHER (State or country)	of death yrsds. State yrsds		
)		Where was disease contracted, if not at place of death?		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or		
	(Informant) this R Clerini	usual residence		
	la 11 had	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
3	(Address) Street Nower, My	Telen mount fine 3, 1936		
0	15 - home 120 1024 /ca . IN Presiden	20 UNDERTAKER ADDRESS		
	File Mary 5 1925 Registrat	41m lossh Baltura		
	If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			
]		1217 81 Hand Rels me		

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from loborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housemoid. etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every whatever. write Nonc. nner, (b) Cotton mill; (a) Salesmon. (b) Grocery; Foremon, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Plunter, For many occupations a single word or term on without more precise specification as Doy Stotionary firemon, etc. But in many For persons who have no occupation person, irrespective of

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthera avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, monapproved by Committee on letonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; Chronic etc. The contributory volvular heart disease; Nomenclature

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vi.

PLACE OF DEATH

PLACE OF DEATH	06396 STATE OF MARYLAND CERTIFICATE OF DEATH
County arms arundel	Registration Dist. No.
Village or Chines on Severe.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME John Tech	ion, give its NAMK in- etend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sungle, Married Lugle Wildoweb OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
aug 29 1893	that I last saw himalive on August 9 19230
7 AGE (Modth) (Day) (Year)	and that death occurred on the date stated above, at 5m.
36 9 21 dayhrs.	The CAUSE OF DEATH Down as follows: Tulurculonis
8 OCCUPATION (a) Trade, profession or particular kind of work. Coutractor	
(b) General nature of industry business, or establishment in	(Duration) yrsmosde,
which employed or (employer)	Contributory Secondary
10 NAME OF LOUIS Stephands.	(Signed) WEnd Ell Dally M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTH	*State the Disease Causing Death, or, in deaths from Violent Causes, sinte (1) Means of Injury: and (2) whether
a Julian. 1 occiono	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Salto Md.	At place of death yrs mos da. State, yrs mos da. Where was disease contracted,
(Informan) Os rphine of the Best of My Knowledge	if not at place of death? Former or usual residence
(Address) Pines on Levern	FOR ACE OF BURIAL OR REMOVAL BATE OF BURIAY
Filed James 21 1928 8 Registral	E+BHARLE 115 & WEST ST.
ir more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. L

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occ pations of persons enployed as At school or At home. (are should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material "pinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various purspits can be known. The quescupation is very important, so that the relative healthfired 6 yrs.). For persons who have no occupation whatever, write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word on term on or At Home, and children, not gainfully cmwithout more precise specification -Coal mine, etc. Wom-But in many as Day

Bissoment of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epikemic cerebrospinal meningitis"): Diphtheria (avoid us. of "Croup"): Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

head of "contributory." quences train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritor diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus." "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy" "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing stated unless important. use of "Tumor" for mallguant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The nataken. For VIOLENT DEATHS State MEANS OF INJURIE "Uraemia," "Weakness," etc., when a definite disease vulsions." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Examples: Accidental drowning; Struck by Whooping cough; of cause of death approved by Committee on death), 29 ds.; By ichopneumonia (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart disease, (Recommendations on state-Example: Meastes Always qualify all The contributory "Coma." Meastes; (merely (secondrailway (disease "Con-

If this certificate is loaded over the roughly and all questions answered in dead, it illustrerent further correspondence. All the dead is standard and must be obtained before the certificate is remainently fled.

S. D. S. D.

dill.

stated EXACTLY, PHYSI-properly classifled. Exact ACE should be stated EXACTLY, Every item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in piain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING Y MARGIN RESERVED FOR WITH UNFADING INK--THIS

V. S. No. 1

PLACE	OF	DEATH

Anne Arundel

67599

STATE OF MARYLAND CERTIFICATE OF DEATH

w	Contract of the Contract of th	
	12.00	
/	82)	
	-	

Registration Dist. No. 21

Village or City Stony Creek (No. :	St.: Ward) St.: Ward) a hospital or institution, give its NAME Instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. MARRIED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 12 , 1930 (Month) (Day) (Year)		
April Ist , 1899 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from		
7 AGE	and that death occurred on the date stated above, at 2.30pm. The CAUSE OF DEATH * was as follows: Accidental drowning		
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER John W. Smith	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds. (Signed) X / A M. D. 192 (Address)		
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death state of death state of death state stat		
(Informant) Alice Smith (Address) SII Bruce st. Balto.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Mt. Auburn Cemetery 20 JUNDERTAKER ADDRESS		
Filed 1-12 1920 Zene Registrar	Thos. E. Kelson I303 Prestma		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The questired 6 yrs). work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1 32

PLACE OF DEATH	STATE OF MARYLAND
County a. a.	CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Friendship, hed (No. Robert	St: Ward) (if death occurred in a hospital or institution, give its NAME isstead of street and
2FULL NAME VW. VCFOWN	yellon number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Manual	16 DATE OF DEATH 16 DATE OF DEATH (Month) Jun (Day) 29 (Year) 1930
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
Much 10, 1861 (Month) (Day) (Year)	that I last saw h 100 alive on Jan 29, 1980,
7 AGE If LESS than	
68 yrs. 10 mos. 19 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or tamer— particular kind of work	Cardiae further-
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country) Culrut Co. md.	Contributory Chanie refahatis
10 NAME OF FATHER Manda, Galago	(Signed) Curily C. Hanned, M. D.
() 11 BIRTHPLACE	Jun 30, 1920 (Address) Lathran, hel.
Calvut Co	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER amil aligabeth Boyd.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	Where was disease contracted,
(Informant) feelly Tebroy.	Former or usual residence
(Address) Thanley Uld.	Tremedolep, Med Jell 31, 1930
Filed /30 1930 MM Clausler	Harrey Lectotics. Let Harmony.
If more b.anks are needed addre.s tate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Lo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precisc statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Locomolive engineer, (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid taken. For violent deaths state means of injuly and qualify as accidental, suicidal or homicidal, State cause for which surgical operation was under can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic affection need valvular heart Nomenclature of the disease; not be

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V. S. No. 1

N. B.

PHYSI-

PLACE OF DEATH
County W W
Village or City Wist Three No.
2 FULL NAME Danned Le
PERSONAL AND STATISTICAL PARTICULARS
Male White of Discourse (Write the word)
6 DATE OF BIRTH DOCS 12 1909.
(Month) (Day) (Year) th
1 I day bre Ti
yrsds. ormin.?
B OCCUPATION (a) Trade, profession or Particular kind of work
particular kind of work
(b) General nature of industry business, or establishment in
which employed or (employer)
9 BIRTHPLACE (State or country) (Marchand
10 NAME OF LYM M Libera (S
IN BIRTHPLACE
OF FATHER (State or country) Mayloud
of Mother agree bood 18
13 BIRTHPLACE
OF MOTHER (State or Country) May cered of W
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
O Province of the second of th
(Informant) Millon Glorac 19
(Address) What I was

May 6

05190 STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

	receise	ration 2	110
Geben	St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICA	L CERTIFIC	CATE O	F DEATH
6 DATE OF DEATH	May	6	192 30
***************************************	7		(Day) (Year)
17 I HEREBY (nded the deceased from
April 26"			
hat I last saw h	alive on	keny	193.2,
and that death occurre			bove, atm.
The CAUSE OF DEATH			15 slean
- 1	Jo		(In figure
50000		************	·
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*****************		
			yrsds.
Contributory Secondary	ullu	med	
7	(Durstic	on)	yrsds.
Signed Dece	lan	10	cerro M.D.
192	(Address)		
*State the Dise Violent Causes, state Accidental, Suicidal or	ase Causing e (1) Means Homicidal.	Death, of Inju	or, in desths from ry and (2) Whether
8 LENGTH OF RESI		Hospita	ls, Institutions, Trans-
At place of deathyrsmos	ds.	In the State.	yrsds.
Where was disease contract f not at place of death?	eted,		
ormer or sual residence		4++4-0	1 800 800 www.000 000 000 1 100 2 0 000 1 100 1 100 100
My Co	OR REMOVA	4	DATE OF BURIAL
O UNDERTAKER	11-1	1	DORESS
11 W 10	ulas	1	W Kisself

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it whatever, write None. state occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook or At Home, and children, For many occupations a especially in industrial employments, it is necesto know (a) the kind of work and also (b) yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation mill; (a) Salesman. single word or term on not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by stated unless important. Example: Measles (disease lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of heud-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septionemia," "PUERPERAL pertionitis," diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," "Senile, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; ... (name origin; "Cancer" is less definite; avoid "Atrophy:" "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY 99 Committee on ongenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," for malignant neoplasms); Measles; Chronic valvular heart disease, etc. The Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and a | qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

N. B.-

	_	ed.
×	PCORD	perly classifiertificate.
MARGIN RESERVED FOR BINDING	WRITE INE WITH UNFADING INK-THIS IS A PERMANENT FCORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate.
1 2	W	Evory CIANS staten

County Co	()2544 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City Jewana Jul (No Stell Com wi	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3 7 3 0 192
6 DATE OF BIRTH 3 7 9 30 (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw alive on 192 192 192 192 192 193 194 195 195 195 195 195 195 195 195 195 195
7 AGE Syrs Mos. ds. If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows?
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER ACL ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country).	ients or Recent Residents) At place of deathyrs
(Informant) (Address) 15 Filed (Address) 19234 (Address) (Address) (Address)	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Nymore 20 UNBERTAKER Character ADDRESS Park ADDR
If more banks are needed, addre. s tate Registra	r, 16 W. Saratog St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coat mine, etc. wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease valvular heart disease; etc. The contributory Measles;

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V. S. No. 1

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1	N. B Every item of information should be carefully supplied. ACE should be sta)	
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PLACE OF DEATH	06397 STATE OF MARYLAND
County / / /	CERTIFICATE OF DEATH
11.	Registration Dist. No. 21
Village or City Kramore (No	St.: Ward) (If death occurred line in the state of institution of the state of the
2FULL NAME James Gille	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marien, Wilder or Divorced (Write the word)	16 DATE OF DEATH (Year) (Year)
6 DATE OF BIRTH Uselesson	17 HEREBY CERTIFY, That Vattended the deceased from
(Month) (Day) (Year)	that I last saw h Malive on Alexander 1927
7 AGE If LESS than	and that death occurred on the date stated above, at
about 80 yrs. mos. ds. or min.?	Crterosilesti Cardes-roccile
(a) Trade, profession or Eleus y Greery	below
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Pure.	Contributory Secondary (Durston) Are mos de
10 NAME OF RATHER Nukumn	(Signed) Cllert M. D. (Address) Usuloffler W. D.
State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Mulessoww	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Lank M Kumil	Former or usual residence
(Address) of Maryants G.G. Co. Md-	If Maryents 9 96 240 June 26, 130
15 Filed June 26 1923 Joseph C. Je The Registrar	Hun M. Vaylor Comopoli
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, Or. For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, At Home, and children, (b) For persons If the occupation has been changed Automobile factory. The material Laborerwho have no occupation -Coal mine, etc. person, irrespective of not gainfully em-(6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospindl fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

> carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by letanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Committee on Nomenclature Chronic valvular heart disease; etc. The contributory Always qualify all

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S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County C. C.	CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Chunapoles (No. 195 VIII	St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME In stead of street and number.)
2FOLL NAME JOHN 11/000	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed. While Write the word)	16 DATE OF DEATH Oct 24, 19230. (Mouth) (Day) (Year)
6 DATE OF BIRTH Carry 244, 1887	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	thet I lest sew MM alive on OCF 24, 1982
7 AGE If LESS than I dayhrs.	
43 yrs. mos. ds. or min.?	A
8 OCCUPATION (a) Trade, profession or Cleast in Bultimore	Carcijama Caelum
(b) General nature of industry	July sea munion
business, or establishment in which employed or (employer) of for Morks,	(Durstion) Tree de
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Munapolis Ufd.	Q (Duration) vrs. mos. ds
FATHER Joseph B. Frault	(Signed) 1930 (Address) Sunasolus
OF FATHER (State or country) (State or country)	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Exemple 7. Loodurn	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Itula. Pa.	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dee.h?
Mr. M. Girant	Former or usual residence
(Informant) Welly, arrived (Address) arrapolis Med	Ballimore Md. Oct 28, 1930
15 File ON 26 1923 Desyle C. for a Ma	John M. Lay ber appress
If more bianks are needed, address State Registra	6 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupationstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement etc., For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state Means of Injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH

County Anne arun el

12123

STATE	OF	MAR	YLAND
CERTIFI	CATI	E OF	DEATH

CERTIFICATE	OF	DEATH
Registration D	ist. No	21

Village or City	Grownsville	(No.	Hospital
1	Canama and IIa	State	TTo man - A o 7

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

(Informant

15

m ż (Address

Gertrude Glascoe

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	PERSO	NAL AND	STATIST	CAL	PART	ICU	LARS
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) b v	articular ki b) General usiness, or which emplo	nature of i establishme oyed or (em E country)	ndustry ent in ployer) Maryl	and		e	
9 E	articular ki b) General usiness, or rhich emple BIRTHPLAC (State or c) 1D NAME FATHEI 11 BIRTHF	nature of inestablishment of order or (employed or (emplo	ndustry ent in ployer)	and		e .	
) b v	articular ki b) General usiness, or rhich emple BIRTHPLAC (State or c) 1D NAME FATHEI 11 BIRTHF	nature of inestablishment of country) OF R PLACE HER OR COUNTRY) N NAME	ndustry ent in ployer) Maryl George	and Gl: wn		e	

Hospital Records

Crownsyl

	MEDICA	L CERTIFIC	CATE OF	DEATH	
16 DATE OF	F DEATH	ctober (Mont			192 30 (Year)
Noveml	ber 29	CERTIFY, Th	ot obe:	ded the dec ber 12 r 12	, 192.30
The CAUSE	OF DEATH	ed on the dated as selected as the selected as	lows:		: 30P m.
Contribu Second		(Duratio	n)	yıs. 4 m	osds.
*State		(Address) (Assessed Causing the (1) Means Tribunicidal.	OWY SIV	12/1	M. D.
18 LENGTH ients or l At place 3 of death	OF RES	IDENCE (For idents)		s, Instituti	
	ce Was	hington		DATE OF	
19 PLACE C	2: 40	OR REMOVA	rela		, 19.8 C

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Margland

Registrar



-(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed; as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day Cotton mill; (a) Salesman. For persons who have no occupation single word or term on (6) Grocery,

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid letanus may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, ugrident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as "PUERPERAL septicacenia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Brouchopneumonia (secondary) (secondar: or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on Nomenclature of the for malignant neoplasms); Measles; Chronic valvular heart disease, statement of cause of etc. The contributory

If this certificate is looked over thoroughly and a i questions answered in detail, it will prevent lurther correspondence. All the data is dessential and must be obtained before the certificate is permanently filed.

8

classified.

should be stated EXACTLY, PHYSI-it may be properly classified. Exact Instructions on back of certificate. that it may be properly PERMANENT BINDING ACE FOR supplied TH UNFADING INK--THIS RESERVED B.-Every item of Information should be carefully CIANS should state CAUSE OF DEATH in plai statement of OCCUPATION is very important. MARGIN

V. S. No. 1

ż

PLACE OF DEATH Anne Arundel County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

nospital or institu- n, give its NAME in- ad of street and mber.)
DEATH
, 192 30 (Year)
the deceased from 3th, 192 30
the brain
mos de.
in deaths from and (2) Whether
Institutions, Trans-
yrsds.
DRESS
ATE OF

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on especially in industrial employments, it is necesof various pursuits can be known. yrs). Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotic engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (3) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to it only definite synonym is "Epidemic cerebror spinal meningitis"); Diphilleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart Tairme, "Old Age," "Shock, "Transition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondar, or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature "Heart failure," "Haemorrhage, ('hronic valvular heart disease etc. The contributory

Ward)

Registration Dist. No.

number.)

(If death occurred in a hospital or institu-tion, give its NAME ir-stead of street and

DATE OF BURIAL

PHYSI-

MARGIN RESERVED FOR

Every item of information should be carefully supplied. ACE should be stated EXACTLY, F CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF D	EATH		
3	County Ann.	Sund	l.	
Vil	lage or City /	lenies	e (No	
		Sugar	4/ //	0
	² FULL NAM	IE Evens	1 4.	Dlaga
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS
3 5	hale May	OR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORC (Write the wo	Ingle ED ord)
6 1	DATE OF BIRTH			
	0 0 0 0 0 0 mm 0 = 1 = 1	(Month)	/Z	, 1865 (Year)
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	64	VIS. M	mos.	ds. or min.?
8 0	CCUPATION			02-00000
)(a) Trade, profession articular kind of wo	or The	of wit	50.000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	b) General nature of			
	which employed or (er		***************************************	
9 8	(State or country)	a.a.	lon.	
-	10 NAME OF	Lins. B.	Aller	4
(0)	11 BIRTHPLACE	7000-70 17		
ENTS	OF FATHER (State or country)	CV.	A.	
PARE	12 MAIDEN NAME OF MOTHER	Stank	ILES	Hest
-	13 BIRTHPLACE	1	87	
	OF MOTHER (State or Country)	OF.	* .	
14	THE ABOVE IS TRUE	TO THE BEST	OF MY KNOW	VLEDGE
	(Informant)	1-a.x	Jardie	oly set
	(Address)	Fallsvi	U.	True!
15	Filed 3/18	1920	MA C	lace let

MEDICAL CERTIFIC	ATE OF D	EATH
16 DATE OF DEATH		, 19 3 0
	n)(D	ay) (Year)
March 15- 1930. to		
that I last saw ham alive on		
and that death occurred on the date		e, at S-P m
The CAUSE OF DEATH * was as foll		lail .
Okcasie brys		4
Contributory Luku		ds
(Signed) Macla (Address)	Can	ever Bal
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, of Injury	in desths from and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Institutions, Trans
At place of death	In the State	.yrada
Where was disease contracted, if not et place of dee.h?	pyg=v=00007==00000000000000000000000000000	

If more bianks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

Former or usual residence

No. 02

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Spinner, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Cotton mill; (a) Stationary fireman, etc. But in many Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material (a) the kind of work and also (b) the Architect, Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. "(Debility" ("Congenital," "Senile," etc.), "Dropsy," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train-"Erhaustion," "Heart failure," "Haemorrhage, "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature cough; or intercurrent) Chronic Carcinoma, Sarcoma, etc., of affection necd etc. valvular heart The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

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CORD AINC, WITH UNFADING INK--THIS IS A PERMANENT

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE N. B.

PLACE OF DEATH	STATE OF MARYLAND
County ann armall	CERTIFICATE OF DEATH
	Registration Dist. No. 22
Village or City Auril (No. 2	are track
2FULL NAME Inorton A. G	Polchufug St.: Ward) a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Rall White Single Married Widowed. (Write the word)	16 DATE OF DEATH 7 , 1920 , (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
and, 4 1879	1920. to 10/7, 1922
(Month) (Day) (Year)	that I last saw benearalive on 10/7 , 19270
7 AGE If LESS than	and that death occurred on the date stated above, atn
3/ yrs. 2 mos. 5 ds. or min.?	The CAUSE OF DEATH was as follows:
OCCUPATION	Charley,
(a) Trade, profession or particular kind of work	Dus Judebury
(b) General nature of industry	
busineas, or establishment in which employed or (employer)	(Durstion)yrsd
9 BIRTHPLACE (State or country) By Ok. and.	Contributory Secondary
10 NAME OF	(Duration)
FATHER MOSIS Goldenberg	(Signed) Wan M. D
OF FATHER (State or country) Sumary	1921 (Address) All Mills dotte from
	*State the Illerase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trens
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) Balla. Ind.	of deethyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deach?
a Den of heart	Former or usuel residence
(Informant) W. C. C. S. C.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Gallos Ind.	Ball. Heber Cem. 10/9/ 30
15 Fit (Oct 8th 1030) Waya m Housluh	20 UN DERTAKER ADDRESS
Filed 1920 Cana Registrar c	land Sonddern & h 1902 Certae
If more banks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	Southern Trace.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

V. S. No. 1

1PLACE OF DEATH	02546 STATE OF MARYLAND
County Anne Arumdel	© CERTIFICATE OF DEATH
1.11. 54.11.	Registration Dist. No. 69
Village or City/10th/Cum Kn6.19ht5	Sorre (Ward) (If death occurred in a hospital or institution, give its NAME is stead of street an number.)
2FULL NAME DOLAN 511978	JOFFE // number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Widowed, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 19th March - , 19250 (Month) (Day) (Year)
6 DATE OF BIRTH May 13, 184	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE SA yrs. 10 mos. 6 ds. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Acceptable (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos, d
State or country West Virginia 10/NAME OF FATHER William Riland SMALL 11 BIRTHPLACE	Contributory Secondary (Daration) yrs mos d (Signed) Al
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Margaret Villiamson— 13 BIRTHPLACE OF MOTHER (State or country) NOST Virginia	ients or Recent Residents) At place of death yes mos ds.
(Informant) Melvin Gorcell (Son)	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Sinthioun Haight Inl	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March 20, 1936
Filed Masch A 180 Caldwell Woodsaff	120 UNDERTAKER ADDRESS 1217 Stands
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Una Age, Succes, "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing death), 29 ds.; L. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic "Senile," etc.), "Dropsy, failure," "Haemorrhage, chopneumonia (secondary), etc. affection need valvular heart The contributory disease; not be

PLACE OF DEATH Count Anna arundel

(90)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or Givelleville	(No. 3702	4 st et Brooklyn
25111 NAME Franch	Gutt	

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-steed of street and

2FULL NAME 7 7 4707	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 18, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day), 1871 (Year)	that I let saw he alive on the latter and the deceased f
7 AGE S yrs. 8 mos. 4 ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cente Delatette Thear
9 BIRTHPLACE (State or country) My Carmel, III. 10 NAME OF FATHER Lewis Gott 11 BIRTHPLACE OF FATHER (State or country) (State or country)	Contributory Secondary (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training of Recent Residents) At place of death yrs ds. State yrs mos where was disease contracted, if not at place of death?
(Informatiflary D. Gutt Broklyn (Address) 3 102. Fourth Broklyn 15 Filed 3/18 19230	19 PLACE OF BURIAL OR REMOVAL MACH 19 19 2 20 UN DERTAKER ADDRESS

If more bianks are needed, address State Registrar, 18 W. Saratoga St., Balto., Regusting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Civil engineer, Stationary fireman, etc. But in Physician, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. affection need valvular heart Nomenclature of the The contributory disease; not be

8. No. 1

8

	PLACE OF DEATH
	County U. a.
37:	llage or City Lasures (No.
7	
	2 FULL NAME Charles a Grace.
	PERSONAL AND STATISTICAL PARTIGULARS
3	Mule 4 COLOR OR RACE 5 SINGLE, MARRIED MULLE WIDOWED. MODIFICATION (Write the word)
6	DATE OF BIRTH
	Men 1312, 1866
7	(Month) (Day) (Year) AGE If LESS than
	Ca (L1 - 1
_	60 yrs. 10 mos. 27 ds. or min.?
1	a) Trade, profession or Brokesusa Ken
-(b) General nature of industry
	ousiness, or establishment in which employed or (employer)
9 1	BIRTHPLACE (State or country) WWL.
	10 NAME OF Jule of Grace
Ŋ	11 BIRTHPLACE OF FATHER
Z	(State or country) Charlotta Gerryman
ARENTS	12 MAIDEN NAME OF MOTHER
4	13 BIRTHPLACE
	OF MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Richard Frace
	(Address) gesself Med

01303 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 72

Ward)

(If death occurred in a hospital or institution, give its NAME is stead of street and number.)

MEDICAL CERTIFICA	ATE OF DEATH
16 DATE OF DEATH	1030
The Manak) (Day) 5) (Year)
17 I HEREBY CERTIFY, That	t I attended the deceased from
	, 192
that I last saw h alive on	7/5 , 1920
and that death occurred on the date	stated above, at 7 Pm.
The CAUSE OF DEATH * was as follo	
detar (In	······································
***************************************	1455550000000,10000000000000000000000000
(5)	
(Duration))yrsmosde.
Contributory	(8+v8-v8)**********************************
(Duration)	yrs
(Signed) 73 /m	M. D.
10/ 10/1/1	N. D.
192 (Address)	acco
*State the Disease Causing I Violent Causes, state (1) Meana Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans-
ients or Recent Residents)	
At place of deathyrsmosds.	In the State yrs mos ds.
Where was disease contracted, if not at place of death?	
Former or usual residence	2000 BREE

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

101-0

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons ennature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation At Home, and children, not gainfully em-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid - probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory Measles;

WRITE

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V. 8. No. 1

N.	PHYSI.
	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	d. ACE so tha
A 1111	supplie n terms See inst
777	refully in plain
	id be ca DEATH ry impo
	ISE OF
	ormatio ate CAL UPATIC
	of info
	NNS shottement
	CIA Sta

PLACE OF DEATH County 4	01304 STATE OF MARYLAND CERTIFICATE OF DEATH
No.	Registration Dist. No. 22
Village or City essur (No	St.: Ward) (If death occurred a hospital or institution, give its NAME istead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIÇAL,CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Sept. 8th , 1865 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased fro
B OCCUPATION (a) Trade, profession or particular kind of work Trade, profession or particular kind of work	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Guil Myre. mos d
10 NAME OF FATHER CLARES M. CINCLESON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Susies The Feelingles	(Signed) (Signed) (Signed) (Signed) (Address) (Add
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death
(Informant) Naples a Guace (Address) assup Md.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/14/39
15 Filed Feb 1/3 19236 The L. Jones	20 UNDERTAKER ADORESS ADORESS NOW ALL MAN

If more bienks are needed, address tate Registrar, 16 W. Saretoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, household only (not paid Housekeepers who receive a er," etc., without more record mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) Whooping cough; by Committee on Nomenclature of the Chronic etc. The contributory affection need not be valvular heart disease;

V. S. No. 1

1PLACE OF DEATH	10095 STATE OF MARYLAND
County Clien & arundel	CERTIFICATE OF DEATH
9	Registration Dist. No. 21
Village or City augholis (No. Evelyny ra	ward) (If death occurred in a hospital cr institution, give its NAME instead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARVIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH September 13th, 130 (Month)—(Day)—(Year)
6. DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to Sept. 13, 1930. that I last law h 12-alive on Sp. 13, 1930.
7 AGE 25 yrs. 5 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Arrounds particular kind of work	
(b) General nature of industry	3/ hours
business, or establishment in which employed or (employer)	Contributory (122 naw Cu
9 BIRTHPLACE (State or country)	Secondary (Duration) - yrs. 8 mos. 5 ds.
10 NAME OF Cyrus Mc Naughton	(Signed) The Most Guide Acc yellow.
of FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER alice Richardon	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) R. J.	At place of death yrs mos //2 ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Tertran P. Iraham	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 33 9West St. Caronapoles	Haval Ceruly Dept 15, 1930
Filed for /3 1930 fragh & frage Me	John Uf. Taylor ampoli
If more blanks are needed, address State Registra	r & W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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"Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicidc; Poisoned by "Uraemia," "Weakness," etc., when a definite disease (secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death ictanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by cough; or intercurrent) affection Committee on Nomenclature of the Chronic etc. The valvular heart disease; need contributory not be

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PLACE OF DEATH

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County	A	A

STATE OF MARYLAND

County.	(S) CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Annapolis Md. (No. Emergency 2FULL NAME Infant Grant	tlon, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single	16 DATE OF DEATH Presch 90, 1900 (Month) (Day) (Year)
March 20 , 1 930 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Pranck 201930 to Merck 20, 1920.
yrsds. If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession or particular kind of work	(Duretion) yrs. mos. do.
Annapolis Md. IO NAME OF FATHER Vernon F. Grant II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Add
OF MOTHER Lucy Pettigrew 13 BIRTHPLACE OF MOTHER (State or Country). Miss. 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs description of death yrs description of death yrs description of death?
(Informant) Vernon F. Grant U.S. Naval Academy (Address) Annapolis Md.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Annapolis Neck A.A.Co. Mar. 24 , 19 30 20 UNDERTAKER ADDRESS
// Registrar	JohnM. Taylor Annapolis Md.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1 5

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(Approved by U. S. Census and American Public Health Association.)

'en at home, who are engaged in the duties of the household only (not paid Housekcopers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotic engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken work, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

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"Truemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemin" (merely symptomatic), "Atrophy." "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of causing. death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL perdonitis," etc. 10 ds. Never report mere symptoms or terminal condi Whooping cough; Chronic Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomendature of the as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar/ Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Example: Measles (disease valvular · heart disease; etc. The contributory

N.B.

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L	CORD	erly classif
BINDING	PERMANENT	chould be state t it may be proposed on back of cer
FOR	S IS A	d. ACE so that
MARGIN RESERVED FOR BINDING	WRITE I JINLY, WITH UNFADING INK THIS IS A PERMANENT CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	INLT	f informatid state CoocupAT
1	WRITE	Every item c CIANS shoul statement of

PLACE	OF	DEATH

02549

STATE OF MARYLAND

Annapolis Md.

	County A • A •	CERTIFICATE OF DEATH
		Registration Dist. No.
Vil	lage or City Annapolis Md. (No. Emergency	tion, give its NAME In-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Made White Single, Markied, Widowed, OR Divorced (Write the word) Single	16 DATE OF DEATH March 20, 1926 (Month) (Day) (Year)
6 [DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	March 20 1930	March, 20 180 10 march, 20, 180.
	(Month) (Day) (Year)	that I last saw hAla alive on, 192,
7 4	If LESS than I day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
Jw	usiness, or establishment in which employed or (employer)	Contributory Secondary
	10 NAME OF FATHER Vernon F. Grant	(Signed) M. D. (Address) Amapalia, md
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	of Mother Lucy Pettigrew	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or Country). Miss.	At place of death yrs described by the State yrs described by the State yrs described by the State yrs was described by the
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Vernon F. Grant	usual residence
	(Address) U. S. Naval Academy	Annapolis Neck A. A. 60 Mar. 24, 1930
15	Filed Issuela 2419230 Fray G. C. Fry a To	20 UN DERTAKER ADDRESS

John

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Taylor

S. No. 1 5

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—com mine, eve. wom-en at home, who are engaged in the duties of the er;" etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Fxhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary), (secondar, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; by Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

V. S. No. 1

PLACE OF DEATH
County (
Village or City (1M) of do (No.
2FULL NAME Sarah Corne
PERSONAL AND STATISTICAL PARTICULARS
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANNS, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH
Nov 28, 188
(Month) (Day) (Year
7 AGE If LESS the laday
43 yrs. 10 mos. 9 ds. or mi
B OCCUPATION (a) Trade, profession or Domestic particular kind of work
business, or establishment in at Mome 1
which employed or (employer)
19 BIRTHPLACE (State or country) Calout Co Md.
FATHER William Goods
OF FATHER (State or country) (State or Country) (State or Country)
of MOTHER Many Korris
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Charac Chay
(Informant) JEorge Tray
(Address) VMN MAV YMA
15 Filed Det of 1920 fray 6 C. In a mi

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 27

St.:Ward)	tion, give	occurred in or institu- ts NAME In- street and
	Hamberry	

1.6.1.	number.)
5	MEDICAL CERTIFICATE OF DEATH
nisd	16 DATE OF DEATH Q 7 8 , 1928)
	(Month) (Day) (Year)
8-87	17 I HEREBY CERTIFY, That I attended the deceased from
(Year)	that I last saw h A alive on O 19232
SS than	and that death occurred on the date stated above, atm
min.?	The CAUSE OF DEATH * was as follows:
d .	Contributory attended Selection Secondary Contributory Attended Selection Secondary Contributory Attended Selection Selectio
	(Signed) Gold M. D. M. D
nd	State the Disease Causing Death, or, it deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
ul	At place In the of deathyrsmosds, Stateyrsds,
100	Where was disease contracted, if not at place of death?
	Former or usual residence
nd	19 PLACE OF BURIAL OR REMOVAL CAND DATE OF BURIAL NOW 19 30

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhorer, Farm laborer, Foreman, (b) For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Womsingle word or term on (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic or intercurrent) affection need valvular heart disease; etc. The contributory not be

(Approved by U. S. ('ensus and American Public Health Association.)

bu incse, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISKASE CAUSING DEATH, Housemeid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as At "chool or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner: (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) : Iditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, tion applied to each and every person, irrespective of fulness of various paranits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But in many hatever, write None. red 6 prs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

EASE CAN SING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

quences rhage," "Inunition," "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," ment of cause of death approved by Committee ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Dropsy." "Exhaustion." "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," ary), 10 ds. stated unless important. Example: Measles use of "Tumor," for malignant neoplasms) & Meastes; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-prob bly suicide. train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely. State cause "Puerperal septicaemia." "Puraperal peritonitis," etc. "Uraemia," "Weakness." etc., when a definite disease causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough: FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." (e. g., sepsis, tetunus) may be stated under the "Debility" ("Congonital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart (Recommendations on state-"Anacmia" "Coma," "Conby railway (disease discase; (second-(merely

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PLACE OF DEATH

Anne Arundel County

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Paristration Dist No.

Village or City	Crownsville State	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in-
2FULL NAM	E Annie Green		stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE, Widowed 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. June 19th black OR DIVORCED female (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH June June Unknown 880 that I last saw her alive on (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: unkmawn Exhaustion due to mental disease ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work Unknown (b) General nature of industry business, or establishment in Unknown (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Maryland 10 NAME OF FATHER Unknown 19230 (Address) Grownsville 11 BIRTHPLACE S OF FATHER Z State the Disease Causing Death, or, in deaths from Unknown Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME C Unknown 4 OF MOTHER IR LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place Unknown OF MOTHER Livilet imae of death -yrs. - mos. D. ds. (State or Country) Where was disesse contracted, if not at place of death? 14 THE ABOVE-IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence Anna polisk Hospital Records (Informant DATE OF BURIAL ACE OF BURIAL OR REMOVAL (Address) Crownsville, Maryland

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reto report specifically the occupations of household only (not paid Housekeepers who receive a r," etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation single word or term on persons en-

Statement of Cause of Death—Name, first, the pisses Causing Death (the primary affection with respect to time and causation), using always the same accepted term of the same disease. Examples: Combrospinul fewer (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

eurbolic acid-probably suicide. The n ture of the injury, 10 ds. Whooping (Recommendations on statement of raise of tctanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. approved as fracture of skull, and consequences to g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning, Struck by railway train-Inanition, "Weakness," etc., when a definite disease Uraemia, "Weakness," etc., when a definite disease "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi cough; by Committee on Nomenclature or intercurrent) affection need not be Chronic Example: Measles (disease valvular heart disease; etc. The contributory

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INF INF plail) General nature of industry			
RE VG	usiness, or establishment in hich employed or (employer)	***************************************		
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TH sh	11 BIRTHPLACE OF FATHER			
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o ₂	If mora bishks ara neaded, ad			

12126 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21 (If death occurred in a hospitel or institu-tion, give its NAME in-stand of streat and Ward) number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day). 17 I HEREBY CERTIFY, That I attended the deceased from that I last saw have alive on. and that death occurred on the date stated above, at .. The CAUSE OF DEATH * waa as follows: (Duration) Contributory Secondary (Duration) AVIS. (Signed) M. D. 1900 (Address) *State the Disease Causing Death, or in deaths from Vicient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State of death Where was disease contracted, if not at place of death? usual residence DATE OF BURIAL BURIAL OR REMOVAL

Registrar, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

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ADDRESS

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-For persons who bave no occupation (b) Automobile factory. The material single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) letanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease, Example: Measles (disease etc. The contributory

PLACE OF DEATH STATE OF MARYLAND County and anucle CERTIFICATE OF DEATH EXACTLY, by classified Registration Dist. No. 2/ (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) properly PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED (Write the word) .. (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at .. I day hrs. The FAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ...(Duration)yrs.....mos..... which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ... 11 BIRTHPLACE OF FATHER Z *State the Disease Causing Death, or, In deaths from NO Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) ш HOF 12 MAIDEN NAME O. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Irans-OF MOTHER ients or Recent Residents) TO CIT 13 BIRTHPLACE At place WO OF MOTHER State......ds. of death _____yrs.____mos.___ds. (State or Country) 00 Where was disease contracted, hour 14 THE ABOVE IS TRUE TO THE BEST OF MY it not at place of dea.h?... Every Item CIANS sho statement Former or usual res.dence .. PO UNDERTAKER

If more banks are needed, addre. s Ltate Registrar, 15 W. Saratoga St., Balto., Reducting V. S. I.o. 1

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, capecially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "E haustion," "Heart failure, Lizemorrhage, "Shock," "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuniv State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condiby Committee on cough; Chronic affection valvular heart Nomenclature need not be disease;

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WITH
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WRITE !

V. S. No. 1

	E OF DEATH			06339 STATE OF MARYLAND				
County	Anne Arundel			(A)	CERTIFICATI	OF DEATH		
				(<u>&</u>)	Registration	Dist. No. 2I		
	ull name		- (St	illhirth)	St.: Ward	(16.14)		
	ONAL AND STATIST			1		***		
			OLARS		CAL CERTIFICATE	OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)					June 3 7	, 19 3 0 (Year)		
6 DATE OF BI	RTH			17 I HEREE	BY CERTIFY, That I at	tended the deceased from		
2 - 10 0	June 7 (Month)		, 1930 (Year)			, 192,		
7 AGE	yrs.	mosd	If LESS than I day hrs. or min.?	The CAUSE OF DE	ATH * was as follows:	d above, atm.		
8 OCCUPATION	N					200420000000000000000000000000000000000		
business, or	nature of industry establishment in oyed or (employer)	***************************************				yrs.,ds.		
9 BIRTHPLAC (State or c		ena, Md.		Secondary		yıs mos ds.		
10 NAME		Freen				, yrsmosds,		
OF FATHER Md.				*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
12 MAIDE		Brooks		Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)				
13 BIRTHF OF MOT (State of				At place of deathyrs	.mosds. In th	e iteds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				if not at place of de Former or usual residence	eath?			
(Informan	nt) George	Brooks		19 PLACE OF BURI		DATE OF BURIAL		
(Add	dress) Pa	asadena,	Md.	Magathur		6-7-30 , 19		
15 Filed 6	-7 1930	7.4. 0	reo. n.	Andrew		ADDRESS		
***************************************			Registrar	Andrew	Maker	Pasadena, Md		

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enworked on may form part of the second statement. borer, Farm laborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-...... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

V. S. No. 1

PLACE OF DEATH County,	0108 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Com of to (No. English of Processing)	Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	B DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH JULY , 16 79	that I last saw halive on, 192
(Month) (Dsy) (Yesr) 7 AGE 5 0 yrs. / 0 mos. / ds. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows: Change Production
(a) Trade, profession or particular kind of work James any fice particular kind of work James any fice (b) General nature of industry business, or establishment in which employed or (employer) any Maduets Co BIRTHPLACE (State or country)	(Duration) / yrs. mos. ds Contributory Secondary Duration) / yrs. mos. ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Pisesse Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidsl.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) The property of the prop	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disease contracted,
(Informant) (Address) (Address) (Address) (Address)	if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Torriers Classes 22, 19.3
Filed 1923 Registrar Registrar If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart not be disease;

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus Flarmer atate occupation at beginning of illness. whalever, write None. tir " 6 yrs.). or given up on account of the DISEASE CAUSENCE How emaid, etc. If the occupation has been changed gaged in domestic service for wages, as Served, Cook to, report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. er," ctc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (4) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) gary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies fulness of various purguits can be known. The quescupation is very important, so that the relative licalth-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on At without more precise specification as Day to cuch and every person, irrespective of Home, and children, not gainfully em-For persons who have no occupation If retiral from But in many Chocery; DEATH, Wom-

Statement of Cause of Death—Name, first, the distance causal description with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); pyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Die Stall

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) rhage," "Inanition," "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal sopticaemia," "Puerperal peritonitis," etc. discases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite disease "Dropsy," "Exhaustion," "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., inqualified, is indefinite); Tuberculosis of lungs, men Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; Carcinoma, Sarcoma, etc., oi (Recommendations on state-Example: Measles (disease failure," "Haemor-(merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond once. All the data is essential and must be obtained before the certificate is permanently filed.

X		HYSI-
4	CORD	upplied. ACE should be stated EXACTLY, PHYSI-terms so that it may be properly classified. Exact
O		e stated
VED FOR BINDING	-THIS IS A PERMANENT	should b
FOR	IS A	a. ACE
VED	-THIS	applied

	PLACE OF DEATH	STATE OF MARYLAND
	County a-a. Ce-	CERTIFICATE OF DEATH
		Registration Dist. No. 20
1	Village or City Hamth - (No.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME II - stend of street and
	2FULL NAME (Baly Gil)	green stend of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH Sept 12, 1980
	Simile lugio (Write the word) engle	September (Month) 12 (Day) 1830(Year)
6	DATE OF BIRTH	17 1 HEREBY CERTIFY, That 1 ettended the deceased from
	felt 12. 1930	192 12, 77 1930. to Ffor 12 , 1900 0
	(Month) (Day) (Year)	that I lest sew h w alive on 112 192 3,
7	AGE If LESS than	and that death occurred on the date stated above, atm.
	l day Z hrs.	The CAUSE OF DEATH * was as follows:
1	yrs. mos. ds. or min.?	manum - aucture
	(a) Trade, profession or particular kind of work	
1	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Durstion) yrs. mos. de.
9	BIRTHPLACE	Contributory Syphilia (?)
	(State or country) a.a. Co. maryland.	(Durstion)yrsngosds.
-	10 NAME OF FATHER	(Signed) Fruil (Hermand . M. D.
	James green.	Lifet 13 1930 (Address) Lothing, and.
	II BIRTHPLACE () OF FATHER	
	Z (State or country) a-q. County, hd.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER SID. Hold.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
1	13 BIRTHPLACE	ients or Recent Residents)
	OF MOTHER B A A	At place of deathyrsmosds. In the Stateyrsds.
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
1	A THE ABOVE IS TRUE TO THE BEST OF MISSING WELLS	Former or
	(Informant) & aures & lew	usual residence
	(Address) Harnord Wed	9/13 30
	154 - 518 101 -1	20 UNDERTAKER ADDRESS
	Filed Slep 13 1920 No hay Registras	James Green Harnord

If more b.anks are needed, addre.s Ltate Registrar, 16 %. Saratoga St., Balto., Requesting V. S. ivo. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engincer, tion applies to each and every person, irrespective ci nner, (b) Collon mill; (a) Salcsman, (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E.haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death tuturus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. merican Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Chronic valvular heart etc. The contributory Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions aparered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7 193

ation should be carefully supplied. ACE should be stated EXACTLY, PI CAUSE OF DEATH in plain terms so that it may be properly classified. TION is very important. See instructions on back of certificate. PER WITH UNFADING INK--THIS MARGIN RESERVED CIANS should state CAUSE OF DEATH In pla Every Item of

A	9	PHYSI-
	ORD	EXACTLY,
DING	MANENT R	uld be stated EXACTLY, P

3

PLACE OF DEATH Anne Arundel County

12127

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village	or	City	Manhattan	Beanh
---------	----	------	-----------	-------

St.: Ward)

(if death occurred in a hospital or institution, give its NAME is -stead of street and number.)

,, 30

Helen M Greer 2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Female	White	MARRIEO, Married WIDOWED. OR DIVORCED (Write the word)	18 DATE OF DEATH OCT 2 , 1920 (Month) (Day) (Year)	
6 DATE OF BIR	Jan. (Month	12, , 1 883	that I last saw h & alive on Oct 2 , 1920.	
7 AGE	47 yrs. 8	If LESS than I day hrs. 20ds. or min.?	and that death occurred on the date stated above, at, 4 P	
(State or Co	refession or and of work stablishment in yed or (employer)	None	Contributory, Chronic Dyfuel Contributory, Chronic Dyfuel Secondary Mplivitis (Duration) Kantifia mos ds (Signed) Marshall 5, Smith M. D #State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
OF MOTI	HER Maria LACE HER r Country) Md.	Reinick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds Where was diacase contracted, if not at place of death? Former or qual residence.	
	Milton C. ress) Manhatt		19 PLACE OF BURIAL OR REMOVAL WOOdlawn Cemetry 10/4/, 19 30 20 UN DERTAKER ADDRESS	

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

work, definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the husiness or industry, and therefore an Civil engincer, tion applies to each and every Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, For many occupations a single word or term on (b) Cotton mill; (a) Salcsman. that fact may be indicated thus; Farmer For persons who have no occupation (6) Stationary fireman, etc. Automobile fuctory. The material person, irrespective of not gainfully em-But in many (6) Grocery;

Strtement of Cause of Death—Name, first, the Dis-EALS TAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrosimal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart Janus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congeuital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.turc of the injury, or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, or intercurrent) Chronic " "Coma," "Convulsions," affection need not be valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions asswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No vi Exact

PLACE OF DEATH	OGANI STATE OF MARYLAND
County anna armost	CERTIFICATE OF DEATH
La Sia	Registration Dist. No. 21
Village or City Chinolds. (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME arshie Graff	tion, give its NAME it- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
guly 27th, 1930	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE 1 9 yrs. 0 mos. 1 0 da. or min.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Laborer particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmoads,
9 BIRTHPLACE (State or country) Curve Corners	Contributory Secondary (Duration) yreds,
10 NAME OF Lavrence Groffin	(Signed) Barry Nallon M. D.
of the birthplace of Father (State or country) a. a. a. Co. Wind	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME Cares Wolfs	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER (State or Country) a. a. a. a.	ients or Recent Residents) At place In the of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Address) Cornel Sur	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WIN (9, 1930
15 Filed June 9 1923 D frag 6 C. Fragistras	EMB Parker ADDRESS Wash-S

If more blanks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, nature of the business or industry, and therefore an cases, Civil engineer, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic varrange contributory membrilis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

	EXACTLY, PHYSI- rly classified. Exact ificate.	Village or City amolds (No. 2FULL NAME Mary Griffini	State of Maryland CERTIFICATE of DEATH Registration Dist. No. St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
-	roper certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING	d be st be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 9 9 9 1 1930 (Month) (Day) (Year)
BIND	E shoul at it mains on b	8 DATE OF BIRTH Way 20, 1860	THEREBY CERTIFY, That I attended the defeased from 1 1 2 4 3 0, 192 , that I ast say her alive on 1 2 4 3 0, 192 ,
FOR	ed. AC	7 AGE (Par) (Par) 7 AGE (Par) 1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
ERVE	NKIH ly suppli ain term See in	OCCUPATION (a) Trade, profession or Domestic particular kind of work	ateus-selevaie
RES	ofull pant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 2 mos 19 ds.
	be care	BERTHPLACE (State or country) (WNOldo)(()	Contributory Secondary (Durstion) yrs
MAR	nould hory	10 NAME OF John Hannond-	(Signed) 6 11 Halmey M. D. 9/29/1930 (Address) 35 Calcul II
	WITH	of FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	NLY, ormal ate C	of MOTHER Way Canviona	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	f infe	OF MOTHER (State or Country) Amolds And	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, if not at place of death?
	em o shou	(Informant) And Bertha Tully	Former or usual residence
	WRI ery ite IANS sateme	(Address) amoldo P	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MU Calvery Cand 9, 29, 1936
S. No. 1	BEv	15 Filed 1/25 19230 fray 6 C. gran (Registrar	E HB Parker 47 Washington

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm loborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foremon, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; i sary to know (0) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foremon, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on As examples: (a)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed

If this certificate (1) looked over the oughly and all questions answered in detail it will prevent furthe correspondence. All the data is essential and must be obtained before the certificate is American Medical Association, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease (secondary "A trophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be ss important. Example: Mcasles (disease etc. The contributory valvular heart disease;

WRITE PONLY, WITH UNFADING INK-THIS IS A PERMANENT H

V. S. No. 1

N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	YSI	200
SEvery item of information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classific statement of OCCUPATION is very important. See instructions on back of certificate.	a.	
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ż	N.	

PLACE OF DEATH County (true trunder	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 22
Village or City Harman (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to annual 193 that I last saw h 44 alive on annual 193 that
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at 1D A.m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Manyiana	(Durstion) yrs mos / ds Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 Country 13 State or country)	(Signed) M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) New York	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Information) Conage Sufficient	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Sexual Dr. L. Kones	Several Address
A Ch of Loca Registrar	Owood M. Tiske faces

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servaul, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation Locomotive enginer, (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septieuemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. . Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, perilanaeum, etc., Carcinoma, Sarcama, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid Committee on Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature Always qualify all contributory Meusles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

N. B

Village or City The States 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE (Month) (Month) (Dsy) (Sear) (Month) (Dsy) (Year) (Asy hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		PLACE OF DEATH
Village or City The Station 2FULL NAME TATISTICAL PARTICULARS 3 SEX		
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If LESS than Iday hrs. or mina, ds. or min.?		(Month) (Day) (Year)
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(State or Country) (4 - Co - New 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	-	13 BIRTHPLACE
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		OF MOTHER
0, 1, 1, 1,		(State or Country) CC 14 - Co - Med
0100 12:1	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) these suffeth		(Informant) Higher Suffith

STATE OF MARYLAND CERT!FICATE OF DEATH

	Registration Dist. No.
	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH TV 2/ , 19230
	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	that I last saw h = after on 7 2/ 1930
	2-30P
	and that death occurred on the date stated above, atn The CAUSE OF DEATH * was as follows:
1	Princetin broth (5 hus)
	(Duration) yrs, mos di
	Contributory
	(Signed) , (Duration) , yrs, mos, do
	2/ 32 198 1 (Address) (Murotos In)
	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place In the of deathyrsmosds. Stateyrsmosds.
	Where was disease contracted, if not at place of death?
	Former or usust residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-(a) Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foremon, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation Stationary fireman, etc. But in many Locomolive (b) cugineer, Grocery; Doy

Statement of Cause of Death—Name, first, the pixEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

returns) may be stated under the head of contributory. approved by Committee on Nomenclature of the (Recommendations on statement of cause of inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," "Exhaustion," "Heart failure," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, and consequences e g., sepsis, corbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. (secondar, or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troin and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy." "Collapse," "Coma," "Convulsions, ug cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory Example: Measles (disease "," etc.), "Dropsy,", "Haemorrhage," Meosles ;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYSI-Exact

u -	19128
PLACE OF DEATH	STATE OF MARYLAND
County Carrie al Carriele	CERTIFICATE OF DEATH
	Registration Dist. No.
Canabel 1	assedue the he
Village or City(No	St.: Ward (If death occurred in a hospital or institu-
2FULL NAME In faut Gris un	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Duy (2 WHOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
BCT- 8th, 1930	60 8 193 Dio OU 8, 1930.
(Month) (Day) (Year)	that I last saw had alive on
7 AGE Still to yrs. mos. ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country) Mary and	Secondary (Durstion) yrs mos de.
10 NAME OF	(Signed) Raucis W. OM. M. D.
FATHER Verner Gris wold	Gct 8-1830 (Address) Waya, Dropensary
O 11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother helle maher	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsde. Stateyrsde. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) V. L. Greswold	Former or usual residence
(Address) Warul Weaderny	Maral Cerulary graphe Oct 8, 130
15 Filed Och & 1923) frag L C. & The Registrar	20 UNDERTAKER Jayler and ADDRESS
If more blanks are needed, address State Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MEDI	CAL CERTIFIC	ATE OF DEA	тн
6 DATE OF DEATH	00		
GT 8	Y CERTIFY, The	t I attended th	e deceased from
hat I last saw h	A slive on		192
nd that dooth occi			n,
Contributory Secondary	(Durstion)yrs	de.
Signed) 77 GCT 8 - 195	Question Ques (Address)	D. JAH.	mosds. M. D.
	isease Causing tate (1) Means	Death, or, in	deaths from

8. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaennia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condistated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic etc. The valvular heart disease; Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered, in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

EXACTLY, PHYSI-ly classified. Exact should be stated E PERMANENT BINDING CE tha FOR K IS in terms s UNFADING INK--THIS MARGIN RESERVED carefully TH in plain Every item of Information should CIANS should state CAUSE OF D statement of OCCUPATION is very WITH

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RITE	item
M	Every
~	1
- Street	8

Z

S. No. 1

5

,010.	PLACE OF DEATH County Q Q Village or City Shady Sides.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 6 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
71117	² FULL NAME office Canal	number.)
0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2000	3 SEX 4 COLOR OR RACE MARRIED. WIRDWING WED. (Write the word)	16 DATE OF DEATH 2 6 , 1930
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on Oct (5
2	7 AGE (Month) (Day) (Year) 1 dayhrs.	4
1000 1110	b) General nature of industry business, or establishment in which employed or (employer)	Cassaurus of heat &
	9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs
2	11 BIRTHPLACE OF FATHER OF FATHER	(Signed) State the Disease Causing Double of in dother farm
	(State or country) // G 12 MAIDEN NAME OF MOTHER Maggie Owens	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State of Country) Bustol Ud	At place of death yrs mos ds, State yrs mos ds, State yrs mos disease contracted.
	(Informant) Robert Srus	if not at place of death? Former or usual residence
	(Address) Sleady Side	Manu ameley Det 28, 1930
	Filed Och 26 1930 See Registrar	Minnie Parkey Annaholi

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retirection additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer to tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (0) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaul, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept the time and causation), using always the same accept the time and causation), using always the same accept to time and causation), using always the same accept the time and causation), using always the same accept the time and causation) and the time and causation is a superior to time and causation in the properties of the

American Medical Association.) approved by Committee on Nomenelature of the Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troin "Atrophy," "Collapse," "Coma," "Convulsions, perilonocum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; a void or intercurrent) affection need not be Chronic valvular heart disease, etc. The contributory

answered in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is permanently filed.

V. 8 No. 1

N. B.

PLACE OF DEATH	03917 STATE OF MARYLAND
County AA	CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Cox Post (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Frem Coline (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 4-20-1930. to 4-30- that I last saw h Malive on 4-29-3, 192
7 AGE 3 yrs. mos. 29 ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Tobar neumma
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos das
9 BIRTHPLACE (State or country) Cast Part Gnot	Contributory Secondary (Duragon) yrs mos de.
10 NAME OF FATHER HERE STORE	(Signed) 4 Address) 35 Caloutt . M. D.
OF FATHER Annapolis (State or country)	*State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CLVW Ountres	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER Castiport (State of Country)	At place of deathyrsmosds, In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Was Shester Are	Blue Hill hay 2, 180
15 File Tury 2 1923 > fray 6 e. frag a 2	Laharles. & Hickory, Amspolis 9
If more blanks are needed, addre. State Negistra	r, 13 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specimeaning and laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

statement

1 _{PLAC}	E OF DEAT	H $_{\circ}$				
County /	me	are	endel			
Village or S	in Thus	ey J	ell (No.	ra ta adalahing		(113)
2 F	ULL NAME	Che	llian	n c	Bong	an
PERS	ONAL AND	STATIST	ICAL PART	ricul	RS /	
3 SEX Male	la COLOR	OR RACE	5 SINGLE, MARRIED WIDOWET OR DIVOR (Write the	RCED	yle	16 DA
6 DATE OF E	BIRTH					17 /
	<i></i>	nly (Mighth)	20 (Day	, y)	1930 (Year)	that I
7 AGE	yrs.	3	mos. 29	1	LESS than dayhrs.	and t
business, or		in		99 99********		Co
10 NAME FATHE	PLACE PLACE	flon	Gro	N		(Signed
Z (State	e or country)	m	9	010		Vic Ac
13 BIRTH OF MC	IPLACE	In	d	210	33	ien At pla of dea
(Informa	my	llon	Gray J	OWLED	GE O	Forme usual
- 1	ddress)		Les?	Des	Med	20 0

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

1	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH NOT 18 , 1936
	(Month) (Year) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920. that I last saw have alive on 1924,
1	and that death occurred on the date stated above, at
2	Inless Coliles
	(Duration)yrsmos 3 \(\Omega \) ds.
	Contributory Secondary
_	(Signed) Les Thenham M. D.
-	Mrs 19 1980 (Address) Phurchlos
-	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. in the Stateyrsmosds.

was disease contracted,

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, Physician, Foreman, to know (a) the kind of work and also (b) the or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Automobile factory. The material not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diplateria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia;"

> "Inanition," "Heart lanure, Harmy, "Shock," "Shock," "Old Age," "Shock, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anacmia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. The affection need contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is refermanently filed.

V. S. No. 1

Í	erly riff	-
The state of the s	AEvery Item of Information should be carefully supplied. ACE should be stated to CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifications.	3 2 6
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	PLACE OF DEATH County CL CV	07660 STATE OF MARYLAND CERTIFICATE OF DEATH
	County	Registration Dist, No.
	Village or City ann of ohr (No. 83 Wa	St: Ward) (If death occurred in a hospital or institution, give its NAME in
certificate	2Fyel NAME Bellie 74	stead of streat and number.)
90	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, MCSEL OR DIVORCED (Write the word)	16 DATE OF DEATH (UL) 7 , 19230 (Year)
nos	Chapmon, 1889	17. I HEREBY CERTIFY, That Pattended the deceased from 19230 to 19230, 19230
Instruction	(Month) (Day) (Year) 7 AGE (If LESS than	that I last saw h daily on 199
ruc	7 AGE If LESS than I day	
ns l	7 8 yra. mos. ds. or min.?	2
99	B OCCUPATION (a) Trade, profession or	9
2	particular kind of work	Pretonetto
ant	(b) General nature of industry business, or establishment in	(Duration) 718, mos de
mportant	which employed or (employer)	Contributor Coul arfrendecito
- .	9 BIRTHPLACE (State or country) (Wery land)	Secondary (Duration) yrs 1 mos 4 ds.
s very	10 NAME OF FATHER UMPNOTED	(Signed) Lew M.g. 1923) (Address) Weachon's hy
2	OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	(State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Suface	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Rasidents)
200	13 BIRTHPLACE OF MOTHER (State or Country) Unifersity	At place of deathyrsmos,ds. In the Stateyrsmosds.
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
neur	(Informant) Harrison Hall	Former or usual residence
rateme	(Address) annapolis m	Bruver Hill Gully July 9- 1930
00	Filedrif 9 1930 fray 6 c. Free Tel	20 UNDERTAKER ADDRESS
		, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.
1	ir more planks are headed, address ctata Adgistrar	, in the same of t

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease affection need etc. The contributory valvular heart Measles; not be disease;

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	PLACE	OF D	EATH					
	County	A	hada	************				
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	PERSON	NAL AN	ND ST	ATIST	ICAL	PARTI	CULA	RS
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4		Country)						
14	(Informant		Juli	us H 1 Pr An	all			
15	Filed	Citizen and						

06402

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 21
Annapolis (No. 201 Prince NAME Elisabeth Claude Sto	tion, give its NAME is -
L AND STATISTICAL PARTICULARS	MEDICAL SERTIFICATE OF DEATH
COLOR OR RACE SINGLE, WIDOW WIDOWED. White (Write the word)	(Month) (Day) (Year)
December 11 , 1 853 (Month) (Day) (Year)	that I last saw h Walive on Juna 13, 1920
6 yrs. 6 mos. 5 ds. ormin.?	and that death occurred on the date stated above, at
ssion or None of work	Javereas (autopy)
blishment in or (employer)	Contributory Church Cholellie suig
Annapolis Md.	(Signed) Walley H Hoffbur M. D.
Francis H. Stockett	Jan 16 193 (Address) Throfolis Mg
ountry) A.A.Co.Md. Mary Pricilla Hall	*State the Disesse Causing Death, or in deaths from Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Mary IIICILIA HALL Representation of the second of the se	ients or Recent Residents) At place In the of deathyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea/h?
Julius Hall " 201 Pri.Geo. St. Annapolis Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Annes Cemt. June17, 19 30
16 1923 D fray G C. for us M	John M. Taylor annapolis Md
If more branks are needed, addre. Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.-

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scplicacmia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County U.	CERTIFICATE OF DEATH
0 8	Registration Dist. No.
Village or City Unapolis (No Osungen 2FULE NAME George Heury)	Hall St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mak Color OR RACE SINGLE. MARRIED. Suryle OR DIVORCED (Write the word)	16 DATE OF DEATH F. , 19830. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Fely 27, 1922 (Month) (Day) (Year)	that I last saw h mu alive on F & 7, 1927
7 AGE If LESS than day hrs. ds. or min.	and that death occurred on the date stated above, at . 30 Hm. The CAUSE OF DEATH * was as follows: Tulinguages meaning its a
B OCCUPATION (a) Trade, profession or School particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos da
9 BIRTHPLACE (State or country) Baltimore W.d.	Contributory Mrs. and the Secondary (Duration) yrs. mos. 3 ds.
10 NAME OF HEURY Hall	(Signed) 9. Willis martin M. D.
OF FATHER (State or country) (State or country) (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cestella Crowdy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) a. Q. Co. Myd.	At place of deathyrsmosda. in theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Castfort & GC 4/4
(Informant) Sarah Erowder	Former or usual residence fiftle st & buspart mid 1
(Address) Castport Q.Q.R. Md.	Brewer Hell Cent Tely 10, 1930
Filed My 1923 Jay L. C. Jay & Mer	John W. Luylor Curpolis
If more highly are needed address take Registrar	6 W. Saratoga St. Balto . Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

..... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1		y supplied. ACE should be stated EXACTLY, PHYSI- bin terms so that it may be properly classified. Exact
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PLACE OF DEATH	19550 STATE OF MARYLAND	
County and	CERTIFICATE OF DEATH	
	Registration Dist. No.	
Village or City Cl Maholo (No. 29 Mo		
Village or City Cl VVI (Cylo (No. 2 / 1/10	St.: Ward) (If death occurred in a hospital or institu-	
2 FULL NAME Hammon Pau	tion, give its NAME instead of street and number.	
2FULL NAME	number.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH 3 ~ 25 ~ 30100	
Male WIDOWED. OR DIVORCED (Write the word)	, 192	
6 DATE OF BIRTH	(Month) (Day) (Year)	
E Man 91'	3-10-30192 10 3-35- 1930	
(Month) (Day) (Year)	that I last saw half alive on 3- 35-	
7 AGE III LESS than	and that death occurred on the date stated above, at 5.20 Am.	
90 // I day hrs.	The CAUSE OF DEATH * was as follows:	
ds. or min.?		
B OCCUPATION (a) Trade, profession or	DI D.	
particular kind of work	Lobor meum mid	
(b) General nature of industry business, or establishment in	15.	
which employed or (employer) TYESTIG SHOLL	(Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country)	Contributory Secondary	
Climagious Wia"	(Duration)de,	
10 NAME OF FATHER	(Signed) M. D.	
11 BIRTHPLAGE	3-26-1930 (Address) 35 Calstust	
State or country) To hele lield Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME		
of MOTHER Sarah Jumer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER A A A A A A A A A A A A A	At place In the	
(State or Country) Davidson Vill 1100	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
J. Mrs Corch Hall	Former or usual residence	
(Informant) // Savari / Luci	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) 42 W dshinglen ST	Brewerfill (Ent-, 4 28, 19.80	
15 5 War 4 28 1023 D Inch C. Inc	ON DERTAKER ADDRESS	
Registrate	HIS ranker. 147 Washington	
If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

S. No. 1 >

WRITE

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return". Laborer,"". Foreman,"". Manager,"". Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: 2 Ward)

(if death occurred in a hospitel or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH		
6 DATE OF DEATH DZC 15 , 1930		
(Month)(Day)(Year)		
I HEREBY CERTIFY, That I attended the deceased from		
hat I lest sew h - alive on 876 14 192 4		
and that deeth occurred on the date stated above, at 636 m		
The CAUSE OF DEATH * was as follows:		
Sulvin , -		
Augua Pechono		
(Dyretion) yrsp. mosds		
Contributory Secondary Secondary		
(Signed) M. D.		
Del 1930 (Address) May 104 11		
*State the Disease Causing Death, 6r, 1n deeths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidai or Homicidal.		
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens		
ients or Recent Residents)		
At place In the State yrs mos ds, State yrs mos ds		
Where was disease contracted, if not at place of death?		
Former or usual residence		
19 PLACE DE BURIAL OR REMOVAL DATE OF BURIAL		
Ceden Blog Cent Dec 17, 1050		
20 ON DERTAKER ADDRESS		
Tel. MI Justu almostilla		

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. laborer, Farm laborer, Laborer—cont mire, even en at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Coal mine, etc. (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train— American Medical Association.) (Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory valvular heart Nomenclature disease;

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certificate.

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supplied.

PLACE OF DEATH	STATE OF MARYLAND
County Une arundel	CERTIFICATE OF DEATH
	Registration Dist, No. 22
do to PIX.	
Village or City (Nd. / (Nd. /)	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME & Sabella H	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH () 30 . 192
Tomale sloved (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
July 10 1882	192 . to, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at 1.30 Pm.
48 yrs. 2 mos. 2 2ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION 0	Scale Ridigastion
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) Jyrs. mos ds.
BIRTHPLACE (State or country)	Contributory Secondary
Mayrava.	(Duration) Tref mos ds,
FATHER In 1 1 at name	(Signed) M. D.
0 11 BIRTHPLACE	(Address) Laure 1114
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER DA OF	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a Journal of Lance Lance	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Marmer N. Walson J. J.	usual residence
(Address) Polenton Md. R. J. D.	6. hc. l. 10-6-,30
15 (0 , 2d = 16) 4.516 0 1	20 UNDENTAKER ADDRESS 966

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrat

(Approved by U. S. Census 2nd American Public Health Association.)

gaged in domestic service for wages, as Screant, Cook, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthborer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, stationary fireman, etc. But in many For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease 10 ds. stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart failure, "Shock," "Shock," "Old Age," "Shock," "Debility" ("Congenital," approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, "Heart failure," "Haemorrhage," The n .ture of the injury, etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County alma anulal.	CERTIFICATE OF DEATH
1200: 4	Registration Dist. No. 2/.
2 FULL NAME Mary James of	St.: Ward) (If death occurred in a hospitul or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) J (Dev) J 3 (Year) 17 CHEREBY CERTAFY, That I attended the deceased from 1930.
7 AGE (Month) (Day) (Year) If LESS than day hrs. day or min.?	The state of the s
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Theme dutershirt prefints.
Dusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Cercival Kemmfuge
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) Jun Market M. D. (Signed) Jun Glayander M. D.
(State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Make of Country)	ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
(Informant) (Address)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Bross Mach cerk yan 16, 1930
15 Filed Jan. 14 1000 Z.a. Bup. v. 8 Registrar	20 UNDERTAKER ADDRESS 34 Morthurs
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on man, (b) Automobile factory. The materia Compositor, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaenna," "PUERPERAL perilonitis, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, approved Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death (secondary or intercurrent) affection need Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on cough; Chronic etc. valvular heart Nomenclature The contributory disease; not be

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PLACE OF DEATH

Village or City

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE

10 NAME OF

11 BIRTHPLACE OF FATHER

OF MOTHER

3 SEX

7 AGE

FNH

CK

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, Marci 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED Write the word I HEREBY CERTIFY. That I attended the deceased from (Month) (Day) (Year) IIf LESS than and that death occurred on the date stated above, at I day hrs. ds. or min.? (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory Secondary (State or country 1923 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country 12 MAIDEN NAME IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place of death... In the (State or Country) Where was disease contracted, if not at place of death?. Former or usual residence 20 UNDE

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of oclaborer, Farm loborer, Loborer-Cool mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scruont, Cook, Housemoid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Former report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Solesman. without more precise specification as Doy For persons who have no occupation, (b) Stationary firemon, etc. Automobile foctory. The material Locomotive engineer, As examples: (0) But in many (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrosphul fever (the only definite synonym is "Epidemic cerebrosphul spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary). (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, pertionoeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcarbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underapproved as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Chronic valvulur heort disease; etc. The Nomenclature Always qualify all contributory not be

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Village or City Jones States of 2 FULL NAME Thomas Sefficient	St.: Ward) St.: Ward) St.: Ward) St.: Ward) St.: St.: Ward) St.: St.: Ward) St.: St.: St.: St.: St.: St.: St.: St.:
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Wildown WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Grand 16 (Day) (Year)	that last sow how alive on the standard the decembed from the last sow how alive on the standard from
7 AGE 16 LESS than 1 day hrs. 0 or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or facticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Messis Julies trus Messistes May search of the Seform da.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Address) (Address)
(State or country) A. A. Co Zyd.	*State the Disease Cassing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homierdal.
of MOTHER OF MOTHER OF MOTHER (State or country) OF MOTHER (State or country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs
(Informant & W. Cramblett (Address) Arnolds 9.9.6.244,	former or usual residence. 19 PLACE OF BURIAL OR REMOVAL QQ C PATE OF BURIAL
15 Filed July 2/ 1923 Frey 6 C from Megistrar	John Ilf. Jeyle annfrolis, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.
N	equ.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stotionary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Housemaid, et:. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, (b) Cotton mill; (a) Salesmon. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Lahorer-Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitia"); Diphilleria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, corbolic acid -- probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on "Heart failure," "Haemorrhage," Chronic valvular etc. The contributory affection need Nomenclature Always-qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of information

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1 _{PLACE}	OF	DEAT

Anne Arundel County

08895

STATE OF MARYLAND CERTIFICATE OF DEATH

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Registration Dist. No.

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 	fr.	Sit.	
	0		

Village or City

Crownsville (NState Hospital

(If death occurred in Ward) a hospital or institution, give its NAME instead of street and number.)

²FULL NAME

(State or Country)

Filed

Lizzie Hamzy

	female black		WII	GLE. BIY RRIED. DOWED. DIVORCED ite the word	,	
6 DAT	E OF BIR	тн				
		unkr	nown			, 1885
			(Month)	(Day)	(Year)
7 AGE	4	5? yrs.		mos.	ds	If LESS than 1 day hrs or min.
(p)	General na	ture of indu	stry	*******	sework	····
whic	ness, or es	stablishment ed or (employ	stry in er)	m 000 000 000		
whice	h employe HPLACE tate or cou	etablishment ed or (employ entry)	stry in er)	m 000 000 000	olina	
whice	h employe	etablishment ed or (employ entry)	stry in er)	Car	olina	
BIRT (S	h employed tate or cou	ntry) N N N N N N N N N N N N N	orth	Car	olina	
S BIRT	HPLACE tate or cou NAME OF FATHER	ntry) F ACE ER country) NAME	orth	Car Will	colina .son	

TRUE TO THE BEST OF MY KNOWLEDGE

Maryland

Hospital Records

Crownsville

	MEDICAL	CERTIFICAT	E OF DEAT	TH
6 DATE O		st 4th		, 192 30
Apri]	i Hereby Ce L 26th	RTIFY, That I	attended the	(Year) deceased from
nd that de he CAUSE	eath occurred E OF DEATH	on the date st was as follows	ated above, at	1:30A.m
Contribu	utory Art	(Duratiuh)		ds ds ds

19230 (Address) Crownsville Md. *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.

OF RESIDENCE (For Hospitals, Institutions, Trans-

ients or Recent Residents)	
At place of death yrs. 3 mos. 8 ds.	In the State5yrsmosds

Where was disease contracted, if not at place of death?

Dorchester County usual residence DATE OF BURIAL

9	PLACE	OF	BURI	AL	OR F	EMOV	AL
	Hosp	it	al	Ce	eme	ter	V

83-	30.	9	
ADDRESS			

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write Nonc. gaged in domestic service for wages, as Nervand, Cook en at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed etc., or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Compositor, Architect, Locomotive For persons who have no occupation Stationary fireman, etc. But in many As examples: (a) engineer, Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: "cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on as fructure of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondar/ Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) for malignant neoplasms); Measles; Chronic valvular heart etc. The contributory affection need Nomenclature disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is elsential and must be obtained before the certificate is permanently filed.

PHYSI-

Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING FOR WITH UNFADING INK--THIS RESERVED MARGIN

S. No. 1

PLACE OF DEATH

County Anne Arundel

16098

STATE OF MARYLAND CERTIFICATE OF DEATH

Paristration Dist No. 34

Village or City Crownsville State Ho 2FULL NAME Gertrude Handy	stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female black 5 single, married MARRIED, WIDOWED, OR DIVORCED (Write the word)	September 27th , 192.30 (Month) (Day) (Year)
6 DATE OF BIRTH Unknown , 1.89 (Month) (Day) (Yes	I HEREBY CERTIFY, That I attended the deceased from April 9th 1930 to September 27, 19230
7 AGE If LESS (1 day	and that death occurred on the date stated above, at 5: 30 h. m
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Maryland	Contributory Secondary Secondary Tille S
10 NAME OF FATHER UNKNOWN	(Signed 5 M. C. Sept. 27) 1930 (Address) Crownsville, Md
OF FATHER (State or country) Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Unknown	At place of death yrs. 5 mos. 18 ds. In the State Live time d
(Informant) Hospital Records (Address) Crownsville, Maryland	Former or usual residence Baltimore City, Maryland PPLACE OF BURIAL OR REMOVAL PATE OF BURIAL OUT WILL DELIVER ADDRESS ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesdefinite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Furmer (ref) or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servout, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Physician, Statement of Occupation-Precise statement of oc-Housemaid, etc. laborer, Foreman, (b) For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation If the occupation has been changed Automobile factory. The material -Coal mine, etc. Wom-(b) The ques-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup Statement of Cause of Death-Name, first, the Typhoid fever (never report "Typhoid Pneumonia" to time and causation), using always the same accept. EASE CAUSING DEATH (the primary affection with respect the only definite synonym is "Epidemic cerebro" pneumonia, for the same disease. Examples: Cerebrospinal Bronchopncumonia ("Pneumonia,

> at this certificate is looked over thoroughly and all que personal in detail, it will prevent further correspondence. At this essential and must be obtained before the certificate is essential and must be obtained before the certification. stated unless important. Example: Measles (disease "PUERPERAL septicuemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of Wead-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menctanus) may be stated under the head of "contributory." Examples: A ceidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY ('hronic valvular heart disease; nephritis, etc. The contributory Always qualify all

II this certificate is looked over thoroughly and all questions essential and must be obtained before the certificate is All the

S. No. 1

PLACE OF DEATH	08896 STATE OF MARYLAND
County Q. Q.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Stradypile ml (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STINGLE. MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH august 9, 1930 Quant (Month) 9 (Day) 1930 (Year)
DATE OF BIRTH (Month) (Day) (Year)	17 I HERESY CERTIFY, That I attended the deceased from 1920 to august 9, 1920 that I last saw here alive on august 9, 1937
7 AGE 16 LESS tha 1 day hrs. 20 yrs. mos. 8 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory bypartinsian arteriorless (Duration) yrs. 6 mos. de. (Duration) yrs. mos. de.
10 NAME OF FATHER John Janner	(Signed) Grill Humand, M. D. Cary 9, # 1930. (Address) Lathran, md
OF FATHER (State or country) Wgina	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Roxama Salmon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In theyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea.h?
(Informant) & dward L. Hunkins	Former or usual residence
(Address) Richmond has	Tichwood Vang 11th, 30
Filed aug 9 130 NA Clay (LOUNDERTAKER Jayler auraportie
If more blanks are needed, addre.s tate Registr	ar 16 W. Saratoga St., Belto. Requesting V. S. No. 1. Mil

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (o) Salesman. (b) should be used only when needed. As examples: (o) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid. etc. If the occupation has been changed g ged in domestic service for wages, as Scroot, Cook, to report specifically the occupations of persons enployed, as At school, or At home, Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form loborer, Laborer-Coal mine, etc. yrs). For persons who have no occupation 6 Automobile fuctory. The material Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meosles; telanus) may be stated under the head of "contributory." "Exhaustion," "Heart tauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death taken. For VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact

N. B.

STATE OF MARYLAND

PLACE OF DEATH	STATE OF MARYLAND
A A	CERTIFICATE OF DEATH
County	Registration Dist. No. 20
Village or City 20 ge (No alex)	St: Ward) (If death occurred in a hospital or institution, give its NAME intend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the decensed from (Day) (Year) 19230 that I last saw hom, alive on 25 5 5 5 19230
AGE If LESS than I dayhrs. OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH is was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER Willeam H, Hardese OF FATHER (State or country) Mary Care	(Signed) (Duration) yrs. mos. da. (Signed) M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country)	Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutious, Transients, or Recent Residents) At place In the State,yrsmosda.
Informant William M. Harlest	Where was diaease contracted, if not at place of death?
(Address) Dillo ville Ma I	Lacidonville Ma aleura 1,1036.
Filed Dec. 31 1980 M. Lug fatt glehor	Harry Hutchins M. Hannan
U more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) a: litional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the state eccupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House laborer: Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; n ture of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. ti od 6 yrs.). business, that fact may be indicated thus: Furmer Hous maid, etc. If the occupation has been change to report specifically the occupations of persons enployed, as At rehool or At home. Care should be taken Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. emperion is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day Foreman. (h) Automobile factory. For many occupations a single word or term on At Home, and children, not gainfully em-For persons who have no occupation The material The ques-

EASE CAUSING DEAVEL (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospital fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fewer (never report "Typhold pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quences (e.g., sepsis, tetanus) unly be stated under the head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carballe acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railreap as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puereeral septicarmia." "Puereeral peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasums," "Old Age." "Shock," "Dropsy." "Exhaustion." "Heart vulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignaut neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinomia, Sarcona, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; FOR VIOLENT BEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile." etc.) (R-commendations on state-Example: Mensles etc. failure." The contributory "Haemor-Mensics; (merely terminal (second-(disease

If this certificate is is ked over thoroughly and all questions answered in 'e'all, it will prevent further correspond ence. All the data 's scential and must be obtained octore the certificate is permanently filed

PLACE OF DEATH **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED AU WIDOWED. QUE OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE I day hrs. occupation
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) KNOWLEDGE TRUE TO (Informant)

(Address)

Filed

4600 STATE OF

STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward)

Registration Dist. No. 40

(If death occurred in a hospital or institu-

luly.	stead of street and number.)
MEDICAL CERTIFICA	ATE OF DEATH
16 DATE OF DEATH NOR	27th, 1930
	(Day) (Year)
	I attended the deceased from
that I last saw halive on	
and that death occurred on the data	
This player gad Jury Egracial	n allen dance Jeogen to de
Contributory Secondary Overstion	Jon mon finda
	ly ref reg-
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in death from of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans-
At place of deathyrsmosds.	In the State
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL 12/29, 1930

20 UNDERTAKER

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MODRESS

7. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under can be ascertained as the cause. Always qualify all Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Village or City St. Ward) A hospital or institution, stored and aumber. Village or City Village or City Village or City A hospital or institution, stored and aumber. Village or City A hospital or institution, stored and aumber. Village or City A color or Race 5 Single 16 Date of Death 16 Date of D
Village or City. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Village or City. Village or City. One of the state of t
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PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, WIDOWED (World the word) MONTH (Write the word) MONTH (Write the word) MONTH (Month) (Day) (Year) MONTH (Month) (Day) (Year) MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MONTH (Month) (Day) (Year) MONTH (Month) (Day) (Year) MONTH (Month) (Day) (Year) MONTH (Month) (Day) (Year) MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MONTH (Month) (Day) (Year) MONTH (Month) (Day) (Month) (Month) (Month) (Month) MONTH (Month) (Month) (Month) (Month) (Month) (Month) MONTH (Month) (Month) (Month) (Month) (Month) (Month) (Month) MONTH (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month)
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3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH 17 1 HEREBY CERTIFY, That 1 attended the deceased from 1920, to 1930, to 1930 (Month) (Day) (Year) 18 DATE OF DEATH 19 10 1 HEREBY CERTIFY, That 1 attended the deceased from 1920, to 1930, to 1930 1930, to 1930 1930 1940 1950 If LESS than 1 day O hrs. 1940 If LESS than 1 day O hrs. 1950 If LESS than 1 day O hrs.
MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That attended the deceased from 1930, to
OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That attended the deceased from 1920, to 1920, to 1930, to 1
AGE AGE
(Month) (Day) (Year) TAGE (Month) (Day) (Year) If LESS than day O hrs. Day O
(Month) (Day) (Year) If LESS than day. O.hrs. The CAUSE OF DEATH 1, was as follows:
of LESS than I day. Ohrs. Ogramos. Ods. or. Omin. ?
O yrs. O mos. O ds. or O min. ?
(a) Trade, profession or particular kind of work.
(b) General nature of industry
business, or establishment in (Duration)
9 BIRTHPLACE (State or country) Secondary
10 NAME (1) A H - (Signed) front me Hayes M.D
11 BIRTHPLACE Varag Vardesly June 13. 1980. (Address De was Jen +: Cle Ma
11 BIRTHPLACE OF FATHER (State or Grundly) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 BIRTHPLACE OF FATHER (A) State the Disease Causing Death, or, in deaths from Violent Canses, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MODILER
ionts, or Recent Residents)
13 BIRTHMACE OF MOTHER (State or county) At place of death yrs. mos. da. State, yrs. mos. da.
Where was disease contracted,
No. 1 1 1 1 Former or
(Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAE CATE OF BURIAL
(Address) Dan Jon . lle Mat & - 10 11 - (17th)
15 January Manneys
Filed 19230 Trans Company Comp
U more blanks are needed, address State Registrar, 16 W. Saratoga St., Indito., Dequesting V. S. No. 1.

(Approved by U. S. Ceusus and American Public Health Association.)

en at home, who are engaged in the duties of the ployed, as At echool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. W. 34 0 M.8.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, House maid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occ pations of persons laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Antomobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. a. litional line is provided for the latter statement; it n: ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully cm-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-As examples: (a) The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, letunus) may be stated under the Poisoned by carbol's acid-probably suicide. The naconditions, such as "Asthenia," "Anaemia" ture of the injury as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or Homicidal, or "Puerperal seplicaemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Enhaustion," "Heart symptomatic), "Alrophy," "Collapse," ary), W ds. causing death). 29 ds.; Bronchopneumonia stated nuless important. use of "Tumor" for malignant neoplasms): inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railrow State cause for which surgical operation was under vulsious." Chronic interstitial nephritis, etc. unqualified, is indefinite) : Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Never report mere symptoms or terminal Chronic valvular heart disease; as fracture of skull, and conse-(Recommendations on state-Example: Meusles failure." The contributory "Соша, "Haemor-Medsles, (шегеіу (second-(disease

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is assential and must be obtained before the certificate is permanently filed.

1	ORB	riy classified. Exact tificate.
BINDING	PERMANENT R	E should be stated at it may be propens on back of cer
MARGIN RESERVED TOR BINDING	WRITE PLANLY, WITH UNFADING INKTHIS IS A PERMANENT HORB	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	(SE CO

SLA

C

(Informant)

(Address)

PLACE OF DEATH Anne Arundel County Crownsville. State Hospital Village or City Ida Harriday **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS SSINGLE, Married 4 COLOR OR RACE WIDOWED. Female black OR DIVORCED (Write the word) 6 DATE OF BIRTH unknown 3 (Day) (Month) IfLESS than 7 AGE 1 day hrs unlongwin 8 OCCUPATION (a) Trade, profession or Domestic particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER James H. Barness. 11 BIRTHPLACE Maryland OF FATHER (State or country) 12 MAIDEN NAME Mary W. Cager OF MOTHER 13 BIRTHPLACE Maryland OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Crownsvi

Hospital Records

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist	. N	o	V/
		16 .	Janth	/

a hospital or institution, give its NAME instead of street and number.)

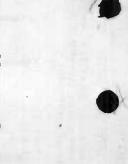
MEDICAL CERTIFICATE OF DEATH	
July 19th	192.30
(Month) (Day)	(Year)
17 I HEREBY CERTIFY, That I attended the de Feb. 25 1926 to July 19th	
that I last saw h Pralive on July 19th	
and that death occurred on the date stated above, at	OULL m.
The CAUSE OF DEATH * was as follows:	
Cirrhosis of the liver	
Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.	M.C
18 LENGTH OF RESIDENCE (For Hospitals, Institut ienta or Recent Residents)	ions, Trans-
of death 4 yrs 4 mos. 24s. In the State Line Ct.	imeds.
Where was disease contracted, if not at place of death?	
Former or Howard County, Maryla	nd
19 PLACE OF BURIAL OR REMOVAL DATE OF	BURIAL
moient killor Cemetery - July 2.	1930
20 UNDERTAKER ADDRESS	c TIT
Eston Love and	cery -

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Year)

No. 1



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serrant, Cook. to report specifically the occupations of persons enployed, as Al school, or Al home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil cnyineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed laborer, Foreman, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Laborer--Coul mine, etc. Wom-(6) Grocery;

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Limitted Feb. 25, 1926
Died July 19, 1930

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of as fracture of skull, and consequences 'e.g., sepsis, curbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brouchopneumonia (secondary), (secondar, or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberfulosis of lungs, men-"Atrophy." "Collapse." "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the "Heart failure," "Haemorrhage," Always qualify all

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American Medical Association.)

BINDING

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MARGIN

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household only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housetired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specimeanum as any laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, Foreman, For many occupations a single word or term on (b) Automobile factory. The material Locomotive engineer, Grocery;

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> tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart Nomenclature of the disease; not be

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N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporly chassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANENT AIN WRITE

	PLACE OF DEATH	03918	STATE OF I	MARYLAND
	County Unnel County		CERTIFICATE	OF DEATH
N		(02)		Dist. No. 20
1	Village or City Salusrille (No.		St: Ward)	a nospital or institu-
	2FULL NAME Sathamiel	Hanis	*88888800000000000000000000000000000000	tion, give its NAME in stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE O	OF DEATH
100	Male Color or race 5 SINGLE, MARRIED, MANNIED OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month)	30, 192 (Day) (Year)
1	Inbran - 1	4-22-0		ended the deceased from
	(Month) (Day) (Year)	that I last saw had.	alive on	29-30 192,
7	AGE If LESS than	and that death occurre		above, at
	J vrs. mos. de or min ?	The CAUSE OF DEATH	i * was as follows:	
i i	yrs. mos. ds. or min.?		0	•••••••
	(a) Trade, profession or	00 000000000000000000000000000000000000	reuns	4
	particular kind of work (b) General nature of industry	***************************************	**************************************	
The	business, or establishment in		(Duration)	VIS 8 da
W.	which employed or (employer)	Contributory	Putte	mulli
9	(State or country)	Secondary	(Duration)	yrs. mos. 2 ds.
-	10 NAME OF HEMPY AFRICA	(Signed)	Haline	Y J J MD.
1	11 BIRTHPLACE	4-30-130	(Address)	Calrus of.
	OF FATHER (State or country)	*State the I is Violent Causes, stat Accidental, Suicidal or	ase Causing Yeath, s (1) Means of In	or, in Joatha from
1	OF MOTHER LOUNG June	18 LENGTH OF RESI	DENCE (For Hospit	als, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of desthyrs	In the State	yrsds.
1.	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contra	cted,	
	21 Abandenti	Former or		
	(Informant)	19 PLACE DF BURIAL	OR REMOVAL	PATE OF BURIAL
	(Address) Halistill	Daniel &	Itas bem	May 2 1021
i	Filed 4/30 1030 NA Clay tor	2D UNDERTAKER	relists	ADDRESS Hallerell.
=	If more banks are needed, address Ltate Negistran	, 16 W. Saratoga St., Ba	ilto., Kequesting V. S	, ho. 1.
11				-16

(Approved by U.S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

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(90)

(Day)

(Year)

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I day hr

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

0	St.: Ward) (If death occurred in a hospital or institu- tlon, give its NAME ir- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 3/8 , 192 ³ 0
	(Month) (Day) (Year)
0	17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1920, that I last saw has alive on 2, 1923,
n s.	and that death occurred on the date stated above, at
.?	Endrada Sichronie, Custo.
••	(Duration)
-	Contributory Secondary
-	(Signed) (Address) M. D.
_	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 8. // 1930
1	20 UNDERTAKER A Son 47 Washing;
	70

FOR

If more branks are needed, address tate Registrar, I6 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "(Exhaustion," "Heart failure, Liaemormage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart disease; affection need not be

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No. 1

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SI-	PLACE OF DEATH
PHY .	County a, a,

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

> > OF FATHER

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country

(Informant)

(Address)

(State or country) 12 MAIDEN NAME

14 THE ABOVE IS TRUE TO THE BEST OF

(a) Trade, profession or

particular kind of work

(b) General nature of industry business, or establishment in

which employed or (employer)

3 SEX

7 AGE

0	1	3	0	7

STATE OF MARYLAND

01	/ \ -	OI	IAIN CLEAN	LAND
CER	TIFI	CATI	E OF	DEATH
	Regis	tration	Dist. No	. 71

Village or City Gen	nafolis (No.	38	Flut.
2FULL NAME	1		erio

5 SINGLE

WIDOWED. OR DIVORCED

(Write the word)

(Day)

(Year) [If LESS the

If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

(If death occurred in a hospital or institu-St.: Ward) tion, give its NAME in-stead of street and

ARS	MEDICAL CERTIFICATE OF DEATH
niges	16 DATE OF DEATH \$ 7 , 1930
	(Month) (Day) (Year)
45-	
1930 (Year)	that I last saw halive on, 192,
fLESS than	and that death occurred on the date stated above, at 4
day hrs. pr min.?	The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
	(Duration)yrs,mosds,
und	Contributory Secondary
	(Signed) July G. H. D. M. D. 1923 D (Address) July July July July July July July July
my	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
m	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
and.	At place of deathyrsmosds. fn the Stateyrsmosds.
GE	Where was disesse contracted, if not at place of death?
	Former or usual residence
	Brenn All Cewl. For , 1900 address
Registrar	Chos. Archo & aurope

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specincation as Low laborer, Form loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Grocery;
Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stotionary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to an for the same disease. Examples: ('erebrashinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup—); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) corbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar : Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway troin-"Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection ('hronie etc. The contributory valvular heart discose; Nomen dature of the need not be

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County.	8 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City flu of the (No. 9/	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 6 , 1924
6 DATE OF BIRTH (Month) (Day) (Year)	that A last saw h time on Allow 1923,
7 AGE If LESS than 1 day	
particular kind of work (b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN	(Signed) *State the Disease Causing Deaty, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MANGE STANDER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) Filed MM 16 1920 TMLC, TRUE TO THE Registrate Registrate TRUE TO THE BEST OF MY KNOWLEDGE (Address)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs

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(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, (b) Automobile factory. The material and children, not gainfully em-Salesman, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. diseases (secondary or intercurrent) .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage cough; Chronic Carcinoma, Sarcoma, etc., of etc. affection need valvular heart The contributory not be disease; of the

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V. S. No. 1

PLACE OF DEATH County	07603 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 77
Village or City Annapolis, (No. I39	Gloucester St.: Ward) i son. (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 17, 1980 (Month) (Day) (Year)
May 9 , 192 (Month) (Day) (Yea	
7 AGE If LESS to I day	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Annapolis, Md.	Contributory Secondary (Duration) yrs. mos. da
10 NAME OF FATHER Charles. Harrison, 11 BIRTHPLACE OF FATHER (State or country) Z W Balto, Md.	(Shried) Walton M. D. M.
of Mother Marian, King,	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
of MOTHER (State or Country) Balto. Md.	At place of death
(Informant) Charles, Harrison.	if not at place of dea.h? Former or usual readence
(Informant) Charles, Harrison, (Address) Annapolis, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Narys. July 19th 1936 20 UNDERTAKER ADDRESS
Registrar	strar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrumt, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Physician, nner, (b) Cotton mill; (a) Solesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer,

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INLY, WITH UNFADING INK-THIS IS A PERMANENT CORD	formation should be carefully supplied. ACE should be stated EXACT
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1 _{PLACE}	OF DEATH		01308	STATE
	Anne Arun	del	76)	CERTIFICAT Registration
Village or City	Growns	vill(No.State Hosp	ital	St.: War
2FUL	L NAME Marie	Harri son	12 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	************************************
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDIO	CAL CERTIFICATE
s sex female	4 COLOR OR RACE	SSINGLE, Married MARRIED, WIDOWED. OR DIVORCED (Write the word)		ebruary 13th
6 DATE OF BIRT		, 1893	17 I HEREB	Y CERTIFY, That I a
7 AGE 8 OCCUPATION (a) Trade, pro	37 yrs. unkn	(Year) (Day) (Year) If LESS than I day hrs. or min.? Housework	and that death occu	r slive on February arred on the date state. TH * was as follows: aralysis of
(b) General na busineas, or es which employe BIRTHPLACE (State or cou	ture of industry tablishment in ed or (employer) ntry) Virginia	* \$254.370.374.374.374.374.49	Contributory Secondary	(Durstion) Vincent's
10 NAME OF	Unknown		(Signed)	(Address)
OF FATHE	country) Unkn	own	*State the I Violent Causes, s Accidental, Suicidal	isease Causing Deat tate (1) Means of or Homicidal.
12 MAIDEN OF MOTH 13 BIRTHPL	ER Alice	Harrison	18 LENGTH OF RI	ESIDENCE (For Hos
OF MOTH (State or	ER Country) Virgi:		At place of death yrs. 3	tracted,
(Informant)	Hospita:	r of my knowledge 1 Records		Baltimore Ci
	Grownsv	lle, Md.	Lawrencevi	

MARYLAND E OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME ir-stead of street and number.)

OF DEATH

Dist. No. 2/

192 39(Day).... ttended the deceased from bruary 13, 192 3.0 18ry 13 ..., 19230 ed above, at 3:15P.m. the Insane unknown h, or, in deaths from Injury and (2) Whether pitals, Institutions, Trans-DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Housemaid, etc., If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation

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W	N. BEvery Item of Information should be carefully supplied. ACE should be sta CIANS should state CAUSE OF DEATH In plain terms so that it may be prestatement of OCCUPATION is very important. See instructions on back of c
WRITE INL, WITH UNFADING INK-THIS IS A PERMANENT	shou ent of
	T 00
INL	nforn state SCUP
-	CA
LIM	on son
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IS	A the
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MA	uld
NE	be be
Z	ste pro

V. 8. No. 1

PLACE OF DEATH	06464 CTATE OF MARYLAND
County a a	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City apolio (No. 24)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decensed from
(Month) (Day) (Year) 7 AGE	that I last saw he Relative on Jugar 1, 1920,
73 yrs. mos. ds. day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or House Work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) a. Su. Co	Contributory Secondary (Duration) vrs. mos. ds.
10 NAME OF FATHER WARRINGS	(Signed) Alberthusers M. D.
11 BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in death's frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Unproces	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Anne for his mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SO
Filed True b 19230 frag Le fra Magistras	20 UN DERTAKER ADDRESS AND ADD
If more bianks are needed, address tate Registra	r, 16 W. Saratoga St., Salto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, to know (a) the kind of work and also (b) the or At For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Home, and children, For persons who have no occupation not gainfully em-6 materia Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	05192 STATE OF MARYLAND
County C. I. CU.	CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City well files bold - Ture 2FUEL NAME Pulla Hartie	Gould Hall Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SANCLES MARRIED; WIDOWED, OR DIVORCES (Write the word)	16 DATE OF DEATH May 12 1930 May (Month) 12 (Day) 1934 (Year)
G DAVE OF BIRTH June 14 " 1862	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE 67 yrs. 10 mos. 18 ds. or min.?	ond that death occurred on the dote stated above, or largery Husking. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or house buf	
(b) General nature of industry usiness, or establishment in which employed or (employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Washing him & C,	Contributory Secondary (Duration) (Duration) (Duration) (Duration)
10 NAME OF Henry Corrades	(Signed) John W anderson J. Coliny as arongs
OF FATHER (State or country) Denue Lennary	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Amelia nottakies	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Brenen Genney	At place 23 nous at In the Internation of the State yes mos de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence Washington, &, &,
(Informant) (Address)	Washing on 5/14, 1957
Filed May 13 1928 & frag he for an hay	Thos Sugar 1811-7 st 20
If more branks are needed, address State Registrate	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs. For persons who have no occupation Form laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic erebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarconu, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railroay train "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condig cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County — — —	07664 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Skidmore (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 8 , 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE yrs	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Since Berth Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Skidmore Q Q Co	Contributory Secondary (Duration) (Signed Annual M. F. M. D. (Signed Annual M. F. M. D.
11 BIRTHPLACE OF FATHER (State or country) Skralmore Ind	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lousea Robinson 13 BIRTHPLACE OF MOTHER (State or Country) Skidmore Ind	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Sarah Robinson	if not at place of dea.h?
(Address) Skudmore Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL 11 PLACE OF BURIAL 11 PLACE OF BURIAL 12 PLACE OF BURIAL 12 PLACE OF BURIAL 13 PLACE OF BURIAL 14 PLACE OF BURIAL 15 PLACE OF BURIAL 16 PLACE OF BURIAL 17 PLACE OF BURIAL 17 PLACE OF BURIAL 18 PLACE OF BURIAL 18 PLACE OF BURIAL 18 PLACE OF BURIAL 18 PLACE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL
Filed 77 1923D France C. Redistrar	E H 13 Parker, 47 Washington 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
mes Hattag sailliams	mo Hallis Willings

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queslaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drepsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death or as propably such, if impossible to determine definitely. 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Chronic etc. The contributory affection need valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

PLACE OF DEATH	
County T.D. 60	
Village or City Harmans (No	90
2FULL NAME addie B. K. Stawt	2
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR D'LORGER (Write kine Worl)	E
6 DATE OF BIRTH	1
(Month) (Day) (Year) the	at
7 AGE If LESS than and day hrs. or min.?	
(a) Trade, profession or particular kind of work	/
(b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) a.a. L. Thoryland	
10 NAME OF A. T. Jally (Sig	gn ()
OF FATHER (State or country) at to To myland	V
of MOTHER Maryanh P. Berson 10	Lie
OF MOTHER (State or Country) a. A. L. Thanyland of	de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ne
(Informant) has tighen cally	lal
(Address) Harmons. Ind	P
15 Filed July 17 1920 Caldwell Wood 30	ファ

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

St:	Ward)	tion, give its NA	institu ME ii
		stead of stree	t and

	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR D'ORCEL (White the word)	16 DATE OF DEATH
(Month) (Day) (Year)	that I last law her alive on
o Y yrs. 11 mos. 6 ds. or min.?	and that death occurred on the date stated above, at 8.15 m. The CAUSE OF DEATH * was as follows:
ession or of work are of industry	Myocardfiel druffe
blishment in or (employer)	Contributory Chronic Mysecondary
A. T. Jealy	(Signed) John M. D. July 16 1970 (Address) Ellewayer M.
Suntry) at to hayland	Vident Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans
CE Rountry) a. L. Lo Transland	ients or Recent Residents) At place of deathysmosds. Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
6 17 1900 Caldwellsbox	To UNDERTAKER DORRESTO
Registras If more b.anks are needed, addre. s tate Kegistras	, 16 W. Seratoga St., Balto., Requesting V. S. Ivo. I.

dy 70

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) the first line will be sufficient, e.g. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvanl, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neccs-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic affection need valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and a'l qu stions an syered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE AINLY, WITH UNFADING INK-THIS IS A N. BEvery Item of Information should be carefully supplied. ACE CIANS should state CAUSE OF DEATH in plain terms so that statement of OCCUPATION is very important. See instruction
--

V. S. No. 1

1 PLACE OF DEATH County Mne arunde (02552	STATE OF N CERTIFICATE Registration I	OF DEATH
Village or City donton (No	Sta	norus	St.: Ward)	(If death occurred in n hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICA	L CERTIFICATE C	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANDOWED. Male Colored (Write the word)	mied	16 DATE OF DEATH	3/12 (Month)	, 19 3 0
6 DATE OF BIRTH	1	3/4	CERTIFY, That I atte	nded the deceased from
(Month) (Day)	(Year)		/	7 192.0,
	fLESS than day hrs.	and that death occurr	I * was as follows:	nowa
POCCUPATION (a) Trade, profession or Particular kind of work Labore	***************************************		nochia	
(b) General nature of industry business, or establishment in which employed or (employer) Packroan	***************************************	Contributory	Deute Car	lias Dililetin
9 BIRTHPLACE (State or country) Mary Rank		Secondary	(Duration)	
10 NAME OF RED Stawning		(Signed)	1. Was	M.D.
OF FATHER (State or country) 12 MAIDEN NAME (M. C.		*State the Dis	(Address) Sale (Address) (or in deaths from
12 MAIDEN NAME May Parker		18 LENGTH OF RES	IDENCE (For Hospit	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mary Canel		At place of deathyrsmc	In the State	2yrsds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	An	Where was disease contraif not at place of death Former or usual residence		
(Informant)) Turn W	J., V.,	19 PLACE OF BURIAL	OR REMOVAL	March 15, 1930
15 File Murel 15 1980 W.L. Spen	ev	20 UNDERTAKER	relery	ADDRESS Cellinston Mil
If more branks are needed, address the	Registrar	. 16 W. Saratoga St., B	alto., Requesting V. S	

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative healthadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, hou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-EAS:: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY or intercurrent) affection need not be ss important. Example: Measles (disease Measles ;

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No

If more branks are needed, address State Regist

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 27 St.: Ward) (If death occurred in hospital or institu-				
011110	n hospital or institu- tion, give its NAME ir- stead of street and number.)			
	MEDICAL CERTIFICATE OF DEATH			
>	16 DATE OF DEATH 1920			
	(Month) (Year) (Year)			
	17 I HEREBY CERTIFY, That Lattended the deceased from			
	6/ 24 1924. to 8/ 8 , 1924			
****	that I last saw h alive on 8/1 8, 1922,			
an	and that death occurred on the date stated above, at 5 m.			
rs.	The CAUSE OF DEATH * was as follows:			
1.3				
	Glord Glody			
	no further information ceofice			
	(Duration)mosds,			
_	Contributory			
1	(Durstion) Oyrs mos ds.			
T	(Signed) M. D/			
	de man Man Bortes is			
	*State the Discase Causing Death, or in deaths from			
_	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
	ients or Recent Residents) At place In the			
	At place in the of deathyrsmosds. Stateyrsmosds.			
-	Where was disease contracted, if not at place of death?			
	Former or usual residence			
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
	Brewerfull Com - 8 14, 1930			
4	20 UN DERTAKER ADDRESS 47 Washingh			
,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.			
ar	, 10 m. Daratoka Dt., Darto., Reducettik v. D. 1.00 1.			

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more receive a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report ployed, as At school, or At home. Care should be taken whatever, write Nonc. For many occupations a single word or term on specifically the occupations of persons en-Compositor, Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemogrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic etc. affection need valvular heart Nomenclature of the The contributory disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County 12	CERTIFICATE OF DEATH
B 01-1	Registration Dist. No.
Village or City Promis (No. 7705-	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	
MARRIED. MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 2 , 1928 D (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 12 1930	, 192, 192,
(Month) (Day) (Year)	that I lest saw halive on, 192,
7 AGE [If LESS than 1 day hrs.	, , , , , , , , , , , , , , , , , , , ,
yrsmos,ds. ormin.?	J. Jany G.
B OCCUPATION (a) Trade, profession or particular kind of work	full hom
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos, de,
9 BIRTHPLACE (State or country) a. G. Co. Will	Contributory Secondary (Duratos) yrs mos de,
10 NAME OF Slina Hawkins	(Signed) Signed M. D.
0 11 BIRTHPLACE	Mu 12 183 (Address) Cur ges hel
OF FATHER (State or country) 12 MAIDEN NAME,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (a) here Huson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) a. G. Co. 2mg	At place of death yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Eliza Hawkins	Former or usual residence
(Address) Bline Hordo My	Family Court par /2, 1930
15 Filed fra 13 19230 psy 4 C. Frank	SO UNDERTAKER ADDRESS SLES BELLE BURNESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
ir more planks are needed, address State Registra	i, 10 in paracoga sto, saito, hequesting it s, its at

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. I caborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The materia first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. valvular heart Nomenclature of the The contributory "Shock," disease;

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S. No. 1

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PLACE OF DEATH	6112 STATE OF MARYLAND CERTIFICATE OF DEATH
0 1 11 00	Registration Dist. No. 24
Village or City full bring No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Baby Haw,	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1920 0 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE [If LESS than lday hre	17 HEREBY CERTIFY, That I attended the deceased from 192 to 1/2 ,192 0, that I last saw h hereby himself 1/2 , 192 0,
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
9 BIRTHPLACE (State or country) a G. Co. Weel, 10 NAME OF FATHER Helliaus Hawlenian 11 BIRTHPLACE OF FATHER (State or country) a G. Co. Weel, 12 MAIDEN NAME OF MOTHER and a plantbury	Contributory Secondary (Duration) (Signed) (Signed) *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (Atte or Country) (Informant) (Address) (Address)	ients or Recent Residents) At place of death yrs mos. ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Tank 3 , 1930 20 UNDERTAKER ADDRESS FULLIAM HANNING BURIALOR, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanon as Luy loborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthfired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foremon, For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. (b) Grocery; mon, (b) Automobile factory. The material For persons who have no occupation Stationary firemon, etc. But in many person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEALE (105:NG DEATH (the primary affection with respect to tirm and causation), using always the same accepted term for the same disease. Examples: ("crebrospinal ferer" (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Corcinoma, Sorcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) cough; Chronic valvular heart discase; etc. The contributory affection need Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospit I or institution, give its NAME is stead of street and number.) AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 CDLDR OR RACE MARRIED. WIDDWED DR DIVORCED Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Month) 7 AGE flfLESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) mpos Contributory 9 BIRTHPLACE Secondary (State or country) DA Durstion) è w OB 10 NAME DE 31 0 11 BIRTHPLACE FINTS DF FATHER *State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (State or country) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) d state 13 BIRTHPLACE At place OF MOTHER of death. (State or country) Where was disease contracted, should if not at place of death?. Every item CIANS sho statement usual residence DATE OF BURIAL If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Physician, Compositor. Foreman, For many occupations a single word or term on 11.8). Ferm laborer. Laborer-Coul mine, etc. Wonwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, Locomolive engineer, The ques-

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telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences e.g., sepsis, carbolic acid - probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always quality all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion, " "Heart tallows, " "Old Age, " "Shock," "Inanition, " "Marasmus, " "Old Age, " "Shock," atic), "Atrophy," "Collapse." "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of Examples: Aceidental drowning; Struck by railway train-American Medical peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, ρy cough; Committee on Association.) Chronic etc. The valeular heart discuse; Nomenclature of the contributory death

If this certifiate is before do byer thoroughly and all quistions answered in detail, it will prevent in the correspondence. All the data is essetial and must be contained before the certificate is permanent; filed.

X		PHYSI-
	CORD	EXACTLY,
VED FOR BINDING	-THIS IS A PERMANENT CORD	upplied. ACE should be stated EXACTLY, PHYSI-terms so that it may be properly classified. Exact
R BII	A PE	CE sh
O FO	IS IS	ed. A
VEL	-TH	uppli term

1PLA	CE	OF	DEATH	
County	Ar	ne	Arun	del



0113 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

					Registration Dist. No.
Vi	llage or City	Crowi		State Hos	
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3		LOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORG (Write the w	CED	16 DATE OF DEATH NUARY 12, 1950 (Month) (Day) (Year)
6	DATE OF BIRTH	un] (Month	(Day)	, 1 890 (Year)	May 8, 1922 to Jan. 12, 19230 that I last saw h im alive on January 12, 19230
8	OCCUPATION	yrs. un]		If LESS than I dayhrs. ds. ormin.?	and that death occurred on the data stated above, at 1.50 pm. The CAUSE OF DEATH * was as follows: Acute Nephritis
1	(a) Trade, profession barticular kind of w (b) General nature c cousiness, or establish which employed or (c) BIRTHPLACE (State or country)	ment in	•••••		Contributory Chronic Interstitial Secondary (Duretion) Nephritis (Duretion) Yes 6 de.
	10 NAME OF FATHER	Unkno	own		Jan. 13,1930 (Address) Crownsville, Md.
ENTS	OF FATHER (State or country		own		*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AR	OF MOTHER	A.M.			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Д.	13 BIRTHPLACE OF MOTHER (State or Country) UNKNOWN			ients or Recent Residents) At place 17 8 4 In the Life mos. ds. Where was disease contracted,	
(Informant) Hospital Records			Former or wicomico County usual residence.		
				A	Hospital Cemetery Jan. 14, 19 30
15	Filed // 3	1920		Registrar	20 UNDERTAKER DUNGS ADDRESS WATER
	lf m	ore bianks are	needed, addre	s Ltate Ragistra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart disease; etc. The contributory affection need Nomenclature of the not be

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	1	PLACE OF DEATH
		County & Co.
ficate	Vil	lage or City Brace News 1. M. 2FULL NAME Meneral Cu.
certi	-	PERSONAL AND STATISTICAL PARTICULARS
back of	3 5	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWED. OR DIVORCED (Write the word)
on	6 0	ATE OF BIRTH
		(Month) (Day) (Year)
See instructions	7 A	GE If LESS that I dayhr. hr. ormin.
	(1	CCUPATION) Trade, profession or Articular kind of work) General nature of industry
rtan		usineas, or establishment in hich employed or (employer)
important.	9 8	(State or country)
very		10 NAME OF FATHER Mare Many,
ei NCIT	RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME
CCUSA	PAS	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)
o to	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
atement		(Informat) Vansie Herry (Address) 4 Bellow (OU)
to l	0777000	

10099 STATE OF MARYLAND

D. C. Co	CERTIFICATE OF DEATH
a Ih Al ma	Registration Dist. No. 21
mad lead 140	St: Ward) (If death occurred in a hospital or institu-
NAME Herestla Yo	tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH A 1988
, 1	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw had alive on 1950,
yrsds. ormin.?	and that death occurred on the date stated above, at
ession or of work or of industry blishment in	(Duration) yes, mos/D ds
or (employer)	Contributory Ustuis I clusses Secondary (Duration) 7 yrs. mos. ds.
Mare Muny.	(Signed) Jay Le To a M. D. Left 2/5 1923 D(Address) Aurungin huf
untry) a. a. a.	*State the Liseass Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Mary reland	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
true to the Best of My Knowledge	At place of deathyrsmos,ds, Stateyrsmosds, Where was disesse contracted, it not at place of death?
Vansie Hayp	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1923 Horas Cold,	Broud heat Cont Sept 261900
Redistras	Charteficks & annaporis,
If more blanks are needed, addre.s Ltate Registrar	, 15 W. Saratoga St., Balto., liequesting V. S. Ivo. I.

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(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification in laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; the first line will be sufficient, c. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the bis!

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal) feror (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup").

Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

atic), "Atropny, "Ouapso," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Old Age," "Shock," when a definite disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DE	EATH	00000000000000000000000000000000000000			
v	illage or City Sout					
2FULL NAME Carleton Barto						
	PERSONAL AN	D STATISTI	CAL PARTICI	ULARS		
3		hite	MARRIED, WIDOWED. OR DIVORCEI (Write the word	Married		
6	DATE OF BIRTH					
	***************************************	Decem (Month)	ber 11 (Day)	, 1.866. (Year)		
7	AGE 63	yrs. 7	nosd	If LESS than I day hrs or min.		
3	(a) Trade, profession or Real Estate particular kind of work (b) General nature of industry business, or catabliahment in					
0	which employed or (en					
9	9 BIRTHPLACE (State or country) Baltimore Md.					
	FATHER JOSI	ah Hazai	rd			
APENTA	OF FATHER (State or country)	Va		(
DABE	12 MAIDEN NAME OF MOTHER	Sarah S	Sloan			
	13 BIRTHPLACE OF MOTHER (State or Country)		so. Md.			
14	THE ABOVE IS TRUE	TO THE BEST	OF MY KNOW!	EDGE		
	(Intotthene)	iver P.H		**************************************		
	(Address)	.F.D. Ar	napolis	Md.		
	5 0 4	4. 9	_ / 0	2		

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

outh River	(No	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
L AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
White	ssingle, Married, Married WIDOWED, OR DIVORCED (Write the word)		, 1995 (Day) (Year)
Decem (Month)	ber 11 , 1866 (Year)	that I last saw hold alive on Allandand that death occurred on the date stated	976, 1930,
ssion or Real	l day hrs. or min.?	The CAUSE OF DEATH * was as follows:	wond
of work re of industry blishment in or (employer)			
) Baltimore		Contributory Secondary (Durstion)	yis mos ds.
vantry)	. (*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
Sarah S	Sloan	18 LENGTH OF RESIDENCE (For Hospit	
Balt	to. Md.	At place of deathyrsmosds. In the	eyrsmosds,
Oliver P.H	of MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence	
	napolis Md.	6edar Hill Cemt. Md.	July 14, 130
13 1923 0	rey (C. Desitrar	John M. Taylor	Annapolis Md
If more bianks are	needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S	5. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Civil engineer, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonilis, "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, 'Congenital,' "Senile,' etc.), "Dropsy, Chronic valvular heart disease; etc. The contributory Nomenclature of the

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(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know Civil engineer, Stationary fremon, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer--Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, (secondar) or intercurrent) affection need not be st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

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PHYSI-	PLACE OF DEATH County & A	STATE OF MARYLAND CERTIFICATE OF DEATH
CORD EXACTLY, iy classified	Village or City Annapolio (No. 110 &	Registration Dist. No. St.: Ward) A courted in a hospitul or institution, give its NAME II- stead of street and number.)
ated opport	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANEN A be et	3 SEX 4 COLOR OR RACE 5 SINGLE, Widower MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 9 1997 (Month) (Day) (Year)
PER shout it m	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923 to 9 9 9 1924, that I last saw h all alive on 9 1924,
THIS IS A pulled. ACE instruction	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
INK-/ INK-/ Illy supplain te	(a) Trade, profession or particular kind of work Mwchant (b) General nature of industry	Joseph at the sound
GIN RE	business, or establishment in Which employed or (employer) Tish. 9 BIRTHPLACE (State or country) Calvert und	Contributory Secondary (Durstion) yrs mos ds.
MAR FH UNF should B E OF DE Is very	10 NAME OF Leve Hebron 11 BIRTHPLACE	(Signed) (M. D. 9/1/9 1927: (Address) M. D.
WIT ation s	C (State or country) Calvert Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of inform	13 BIRTHPLACE OF MOTHER (State or Country) With wown	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosda.
0 7 4	(Informant) Cavil Hebron Bings	if not at place of des.h? Former or usual residence
WRITE Every Item CIANS sho	(Address) 2 Co Washington & 9	Brewerfull Cent 9 21, 1930 OUNDERTAKER ADDRESS ADDRESS
n ż	Rygistrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer—Coal mine, etc. Wom-nome, who are engaged in the duties of the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi cough; Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTL'S CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificatement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RES WITH UNFADING IN

WRITE

V. S. No. 1

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1	CORD	y supplied. ACE should be stated EXACTLY, PHYSI-
97		be stated be properl
BINDIA	PERMA	should t it may
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PLACE	OF	DEATH

County

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Anne Arundel

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(32)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

Solley, Md.

1	ity <u>Solley</u> ULL NAME		St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSO	ONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH January (Month)	
6 DATE OF B		(Day) (Year)	17 I HEREBY CERTIFY, That I att October 1929 to NOV.	ended the deceased from ember 25., 192.9.
7 AGE		If LESS than I day hrs. hrs. ds. or min.?	and that death occurred on the date stated	above, at 6 a. m.
business, or which empl	cecountry) I'd.		Contributory 2. Tuberculous Secondary (Paration)	meningitis
Z (State	IRTHPLACE F FATHER (State or country)		(Signed)	sacena, Id.
OF MOTHER BATDATA STEWATT 18 LENGTH OF RESIDENCE (For Hospits lents or Recent Residents) At place in the		tals, Institutions, Trans-		
(Informa	Rerhan		Former or usual residence	DATE OF BURIAL
(Ad	ldress) Solla	av. Md.	Marley Neck Cemetery	
15 Filed	Jan. 3 1900 0	7. 9. Brigh, m. A	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

Joshua Howard

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Loco Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on 07 yrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) Salcsman, At Home, and children, not gainfully emwithout more precise specification as Day Laborer--Coal minc, etc. Locomotive engineer, But in many (6) material Grocery; Wom-

Statement of Cause of Death—Name, first, the DtsBASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perllonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular Nomenclature Always qualify all heart discase; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED	RITE KINLY, WITH UNFADING INKTHIS	Item of information should be carefully supplied should state CAUSE OF DEATH in plain terms s
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	SITE	tem
	1	- 10

V. S. No. 1

Filed Aug. 27 180

PLACE OF DEATH County Anne Arundel ORIGINAL	CERTIFICATE OF DEATH Registration Dist. No. 21
Village or City Stony Creek (No	St.: Ward) (If death occurred in a hospital or Institu- tlon, give its NAME in- steed of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH August 24 , 1930 (Month) (Day) (Year)
April 4 1915	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE 15yrs. 4 mos. 20 ds. lday hreory min.	. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mosds.
State or country) Baltimore, Md.	Contributory Secondary (Ducation) yrs mos ds.
10 NAME OF Christopher Schreiber	(Signed) A. U. B. M. D. Aug. 241930 (Address) Pasadena, Md.
of FATHER Baltimore, Md. (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Frances Helinski	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
OF MOTHER (State or Country) Baltimore, Md.	ients or Recent Residents) At place of deathyrsds, Where was disease contracted,
the above is true to the Best of My Knowledge (Information Christ. Schreiber	if not at place of death?
(Address) 2238 Cambridge st.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Holy Rosary Cemetery Aug. 27 19 30
A I	ADDRESS

1930 Eastern

W.

Ozazewski

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Civil engineer, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material 3 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephrilis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ses important. Example: Measles (disease 'Congenital,' "Senile," etc.), "Dropsy, Chronic valvular heart disease; etc. The contributory

If this certificate is labed over thoroughly and all questions answered in detail, it with prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	ORD	ACT Slass
(WRITE F NLY, WITH UNFADING INK-THIS IS A PERMANENT I ORD	Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important, See instructions on back of certificate.
	T	rope
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PLACE	OF	DEATH	
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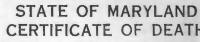
(Address)

mu 24 19230

Arne Arundel County.



If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



TIFICATI	E O	FD	EATH
Registration	Dist.	No.	21

Village or City	Crownsvil (No.	State	Hospital
-----------------	----------------	-------	----------

St.: Ward)

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

	2FULL NAM	E	9 0 11.	ir neiic	rerac	7.11
	PERSONAL AN	D STATIST	ICAL	PARTICU	LARS	
		R OR RACE	OR	RIED. OWED. DIVORCED te the word)		i
6 [ATE OF BIRTH					
		Unknown	1		, 1	870
		(Month)	(Day)	(7	Year)
7 A	60 ?	yrs	mos	ds.	lf LES	hrs.
(lb	articular kind of wor b) General nature of usiness, or establishm which employed or (em BIRTHPLACE (State or country)	industry ent in ployer)	Labe	Jrer.		
	10 NAME OF FATHER	Virg:				
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	Unkr				
PARE	12 MAIDEN NAME OF MOTHER	Mary I	lnne	Hende	rson	1
	13 BIRTHPLACE OF MOTHER (State or Country)	Virg	ginia	Э		
(Informant) Hospital Records Crownsville, Maryland						

16 DATE OF DEATH	une 24t	h		192.30.
		ith)		
	CERTIFY, TI	hat I attend	led the dece	eased from
April 23rd,	19230 . t.	June	24th	, 192 30
hat I last saw h 1 1	alive on	June 24	th	, 192.30
and that death occurr	ed on the da	te stated ab	ove, at 1.2.	05P
The CAUSE OF DEAT	H * was as fo	llows:		
Gereral	rterio	soler	sis	
	20 7 02 4 0 00 6 6 W.W.GO 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*	. o a a o o o o o o o o o o o o o o o o	04000000000000000000000000000000000000
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Contributory Secondary	Senili	ty		
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Signed	CV		00	M. D.
Jun 65 192	QAddress)	rownsv	ille,	Ma
*State the Di Violent Causes, sta Accidental, Suicidal of	sease Causing ite (1) Mean or Homicidal.	Death, or so of Injury	, in death and (2)	s from Whether
8 LENGTH OF RES		r Hospitals	, Institutio	ns, Trans
ients or Recent Res	idents)			
t place f deathyrs. 2 _m	os. 1 ds.	In the State. I	Inkanow	dosds
Where was disesse contribute and at place of death	scted.	. eeu = =000 0000 = 00 0000000	00-00-0	
ormer or Baltin	ore Cit	ya Mar	vland	
9 PLACE OF BURIAL	OR REMOVA	4	DATE OF	BURIAL
asbone	sex		6/9/	1963
O UNBERTAKER	7	/ A	DERESS	578
1 100	1	/ h	10	10

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, Housemaid, etc. If the occupation has been changed etc., Without more process. Coal mine, etc. Wom-Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman. For persons (b) Automobile factory. The material who have no occupation not gainfully em-(3) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) 10 ds. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL perilonitis," etc. ". ('Inanition,')" "Marasmus,')" "Old Age,')" "Shock," "Ursemia,')" "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "E:haustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic valvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING INL WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Ama (smeles	CERTIFICATE OF DEATH
0/1	Registration Dist. No. 3
Village of City adena (No. Milly)	St: Ward) (If death occurred is a hospital or institu
/2FULL NAME Louise & Hen	devsor tion, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9EX 4 COLOR OR RACE 5 SINGLE, MARRIED MONOR DIVORCED (Write the word)	16 DATE OF DEATH Fel /6 , 1980 (Year)
6 DATE OF BIRTH FLOT 17 1892	17 I HEREBY CERTIFY, That I attended the deceased from January 1920 to John 1920
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at 2 45 mm
72 yrs. // mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Housework at	Cancer of the Poreart
(State or country)	(Duration) yrs. 6 mos. ds Contributory Chronic moley Insufficacy. Secondary (Duration) 2 yrs. mos. de
10 NAME OF FATHER GEORGE W. Warnsley	(Signed) James & Bellingalia M. E. H. 1930 (Address) Eleg Burns. Md.
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Martha W Wells	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mary land	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Information Martha I Bowers	Former or usual residence
(Address) Pasadessa, mal	Lorden bash Leb 19, 1936
Filed 9/16 1923 Amy Hegy Margeistrar	John & Denny 715 Light St
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many (6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify al "(Tnanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," (secondary or intercurrent) Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY resulting from childbirth or miscarriage as cough; Chronic ," etc., when a definite disease etc. The contributory affection need valvular heart Nomenclature Measles; disease; not be

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PLACE OF DEATH	12132 STATE OF MARYLAND
County Transact	CERTIFICATE OF DEATH Registration Dist. No.
2/ 2/ k	effect Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. 6, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH (Morth) (Day) (Year)	that I last saw h / Malive on
7 AGE 44 yrs. 1 mos. 25 ds. or min.?	and that death occurred on the date stated above, at 2 mm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Carcin ma of Tratale
business, or establishment in which employed or (employer) A SUBTRIBLACE O SUBTRIBLACE O SUBTRIBLACE	Contributory Sceatis selection de.
10 NAME OF Heury 9. Heures seften	(Signed) Jacoballs M. D. (Signed) Jacoballs M. D. (Address) Jacoballs Med
OF FATHER (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME NOT KNOWN OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death 2 yrs 1 ds. In the State yrs mos ds.
(Informant) Sarah Henkensiffen (Address) Walleburg My	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ALL DATE OF BURIAL REMOVAL 19 PLACE OF BURIAL 19 PLACE OF BU
15 Filed Oct 7 19230 Jugle. June 10	Do UNDERTAKER Hopping amapolis
If more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 11

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, us At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. tired 6 business, that fact may be indicated thus; Forme or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Good-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engincer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (a) the kind of work and also (b) the Locomotive engineer, cn

Statement of Cause of Death—Name, first, the bisEALE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accept
ed term for the same disease. Examples: Cercbrospinal
fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." Carbolic acid-probably suicide. The n.ture of the injury, Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature of the need not be diseose; " ctc.

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, physical Clans should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD A PERMANENT BINDING MARGIN RESERVED FOR WITH UNFADING INK---THIS IS WRITE P.

V. S. No. 1

ż

PLACE OF DEATH	STATE OF MARYLAND
County (MMR/Usunda)	CERTIFICATE OF DEATH
01 13 0	Registration Dist. No.
Village or City dreston R. F. (No.	St.: Ward) (If death occurred in a hospital or institu-
f	tion, give its NAME in-
2FULL NAME CURRY HENSON	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF PEATH
4 O College OR DIVORCED	(Month) (Day) (Year)
Ternale Odvird (Write the word)	HEREBY CERTIFY, That I attended the deceased from
1) oct of 28 1976	2 Jan. 24 19230 Courd , 192 .
(Month) (Day) (Year)	that I last saw h alive on , 192 ,
7 AGE If LESS tha	and that death occured on the date stated above, atm.
yrs. mos. 2 4 ds. or min	
R OCCUPATION	Unheultestern Buth and
(a) Trade, profession or particular kind of work	The wales
N(b) General nature of industry	Juma
business, or establishment in which employed or (employer)	(Duration) yrs, mos, ds,
9 BIRTHPLACE	Contributory Secondary
(State or country) Education a. a. Co.	(Durgrigon) yrs mos de.
10 NAME OF FATHER CL.	(Signed) TO ESTER TO TO ISSUEY COURSE M. D.
11 BIRTHPLACE.	- Jan 24 1922 (Address) Dar Stern Mrs
OF FATHER (State or country) Paturent a a co	*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Evelyn Hall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the
(State or country) Dallinere Md	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Information Below Hall)	usual residence
(Address) Menten 18.F.L.	19 PLACE OF BURIAL OR REMOVAL
0.00	20 UNDERTAKER ADDRESS
15 Filed Jan 24 1930 N.L. Jones	- Lewis Henson Odenton Find
If more highly are needed, address State Registre	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salcsman. (b) without more precise specification as Day Compositor, (b) For persons who have no occupation Automobile factory. The material Architect, Locomolive engineer, But in many The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Spinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is

permanently filed.

American Medical Association.) stated unless important. Example: Measles (disease approved as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "TUERPERAL perilonilis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Careinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic etc. affection need not be valvular heart disease; The contributory Measles ; death

PLACE OF DEATH	STATE OF MARY
County Amer arundal	CERTIFICATE OF I
County C. M. Mark.	Registration Dist. No.
illage or City Coodwarduld	St.: Ward) (If de
2FULL NAME Carrier Henson	tion, g stend numbe
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH arch 3/
March 29, 1930 (Month) (Day) (Year)	that I last saw h alive on Offil 1
AGE If LESS than I day hrs. yrs. mos. 2 ds. or min.?	and that death occured on the date stated above, a The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry busineas, or establishment in which employed or (employer) BERTHPLACE (State or country) 10 NAME OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Signed) DESAGA DESA
(Informant) agurs Shorter (Address) Oderston Po.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Jorn Demetery April
Filed apl 1sh 1980 N. L. Janes Segy Logistras	Joseph Stars Sou
If more bianks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. St.: Ward)

(If death occurred in a hospital or Institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH Archy 3/ , 193 (Month) (Day) (Yea	A004
17 I HEREBY CERTIFY, That I attended the deccased	
	23.4
and that death occured on the date stated above, at	m.
The CAUSE OF DEATH * was as follows:	*********
(Duration) yrs mas	ds
Contributory Secondary	
(Signed) DESTELLO DISTREY COUNTS Opril 12 1980 (Address) Capitation	M. D
*State the Discase Causing Death, or, in deaths fr Violent Caus s, state (1) Means of Injury and (2) wheel Accidental, Suicidal or Homicidal.	om her
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)	Frans
At place In the of death yrs	da
Where was disease contracted, if not at place of death?	
Former or usual residence	4
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA	L
Jorn Cemelery 14 Int 19	30
20 UNDERTAKER Half Goure Mo	1
Most diali	-

S. No.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write Nonc. Foreman, For many occupations a single word or term on Farm laborer, Laboreryrs). (b) Cotton mill; (a) Salesman. At Home, and children, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Locomotive engineer, not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, tdanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases Whooping cough; American Medical Association.) Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The nature of the injury, affection need not be valvular heart disease; Nomenclature of the The contributory Measles ; etc., of

BINDING

MARGIN RESERVED FOR

V. S. No. 1

	PLACE OF DEATH	0116 STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City annapolit (No. 8 -	Registration Dist. No. 7
incare.	2FULE NAME Louisa 7	St.: Ward) A hospital or institution, give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ממש	SEX 4 COLOR OR RACE SINGLE, MARRIED. WILLOW OR DIVORCED (Write the word)	16 DATE OF DEATH AN 9th, 1980. (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HERBY CERTIFY, That I attended the deceased from 12 - 10 - 192 9 to - 7 - 193 0 that I last saw hereafter on 1 - 9 - 3 6, 192
non nell	7 AGE S8 yrs. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
200	(a) Trade, profession or particular kind of work (b) General nature of industry	Henry
Tall 1	business, or establishment in which employed or (employer)	(Duration) yrs. mos 20 ds,
000	9 BIRTHPLACE (State or country) az a. co. on	Contributory Secondary (Duration) yrs. mos Co.ds.
9 401 3	10 NAME OF FATHER Unfrown	(Signed) Tellalus M. D. (-12 - 19,0 (Address) B. Calbert S.
	OF FATHER Z (State or country) Wasferrown 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2	of MOTHER Officeror	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Williams (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
	(Informant) & Block SX	Brewer Hill Jan 18, 19
ó	15 File File 12- 19230 Joseph C. Registrar	De L. Hoffing amofolis
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1 MC

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruml, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engincer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every whatever, write None. busine, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm luborer, Laborer-Coul minc, etc. Wom-(b) Cotton mill; (a) Sulesman. (b) Grocery;man, (b) Automobile fuctory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of

Statement of Cause of Death—Name, first, the present of time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia", Lobar pneumonia, Bronchopneumonia "Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicusmia," "PUERPERAL perilonitis," etc. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar/ carbolic ucid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., scpsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJUNY (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory

PLACE OF DEATH County Anno Arun Del	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City/enthicus (Not of Sex 2FULL NAME Martha Her	Nollham Sacl Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, VIDON OR DIVORCED (Write the word)	16 DATE OF DEATH A Feb (Month) (Day) (Pear)
6 DATE OF BIRTH (Nionth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work ADUSCUSSION (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mes de
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 11 BIRTHPLACE	(Signed) (Address) M. D. St., 1920 (Address) M. D. St., 1930 (Address) M. D. St., p.r., in Gentle from
12 MAIDEN NAME OF MOTHER / / / / / / / / / / / / / / / / / / /	Vision Causes State (1) Heans of Indry and (2) Wether Accidents Audited Transported (1) Heans of Indry and (2) Wether Accidents Of Respondents (For Hospitals, Institutions, Transferts or Recent Residents) At place
(State or county) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of desth
(Address) full aun Agro MA	Furnace Brancher Let 10, 1930.
If more banks are needed, address State Registrar,	16 W. Saratoga St., Balton, Requesting V. S. No. 1.
	Village or City MITTURE MARTICULARS 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 1 SHELESS than I day, hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPFACE (State or country) 10 NAME OF FATHER C STATER C State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (In ITTAIN) (Address) (Address) (Address) (Address) (Address) (Address)

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'haborer,' "Foreman," "Manager," "Doub-Spinner, (b) Collon mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serrant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. Foreman, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomoline engineer, (houry)

Stritement of Cause of Death—Name, first, the DISCRASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synchym is "Epidemic cercbro-spinal spinal meningitis"); Diphtheria (avoid use of "Croup"); "Typhoid fever (never report "Typhoid Pneumonia"); "Lohar" pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menicumus) may be stated under the head of "contributory." curbolic acid-probably suscide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases "Exhaustion," causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepais, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuly Whooping American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough; Chronic Carcinoma, Sarcoma,, etc., of etc. valimilar heart The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

1930

S. No.

N. B.-

/. ÷ 50	PLACE OF DEATH
d. Ex	County anna arundle

03919

STATE OF MARYLAND CERTIFICATE OF DEATH

10	1	a	
		and the	

Registration Dist. No. 2

Village or City Bar Harbon (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. 4 COLOR OR RACE SHUGLES MARRIED. Married Wilsowes OR DIVERCED (Write the word)	16 DATE OF DEATH Ogre 5 # 192 8" (Month) (Day) (Year)
6 DATE OF BIRTH Sept. 1874 (Month) (Day) (Year)	that I last saw h Limalive on Chil 5, 1930,
7 AGE If LESS than 1 day hrs. gds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	potar promoria
(b) General nature of industry Susiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Mauthias Verbig 11 BIRTHPLACE	(Signed) Secondary (Duration) yrs
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 13 GATO 14 CALLED 15 GATO 16 CALLED 17 CALLED 18	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(Informant) Aus Elizabeth Nurbeg	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Bar Harbor Filed 4-5 1900 R.G. & 2019, m. Registrar	Holy Redeemer 4-7. 1930 20 UNDERTAKER ADDRESS Sohn Ween ch 2008 alleass

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptom (secondar; Whooping cough; (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, or intercurrent) affection Chronic valvular heart etc. The contributory Nomenclature need not be disease;

ee instructions on back of certificate.

statement of

1	County ann allender -
Vil	Jage or City Elen Bussir - (No.
	2 FULL NAME Patrill Thomas He
	PERSONAL AND STATISTICAL PARTICULARS
400	Male While . Single, Married, Wildered, Or Divorced (Write the word)
5 0	DATE OF BIRTH
	March 19, 1851 (Month) (Day) (Year)
A	If LESS than
	79 yrs. 7 mos. 25 ds. or min.
C	CCUPATION
p (a) Trade, profession or / Cetured - 0
p b	b) General nature of industry usiness, or establishment in which employed or (employer)
	SIRTHPLACE (State or country) Suland -
	10 NAME OF John Hernon
STN	11 BIRTHPLACE OF FATHER (State or country) Seland.
PARE	12 MAIDEN NAME OF MOTHER LIN Knawn.
	13 BIRTHPLACE OF MOTHER (State or Country) State or Country)
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Mrs. Karkeen, M. Hc Carg.
15	Filed //// 18236 grass & any Kegistrer

PLACE OF DEATH

13494 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

rnon -	St:	tio	hospital o	ccurred is or institu NAME in street and	-
MEDICAL	CERTIFIC	ATE OF	DEATH		
16 DATE OF DEATH	non	. 15	/,	1920	-
***************************************	(Month	a)(1	Day)	(Year)	
I HEREBY CI	live on	neg	12	1920	1
The CAUSE OF DEATH Declama	* was as follo	ows:	7 .	1.80	
Contributory Secondary Signed Signed Market 1980	(Duration	alex D	······································		
*State the Dises: Violent Causes, state Accidental, Suicidal or l	se Causing (1) Means				
ients or Recent Resid		Hospitals,	Institutio	ns, Trans	-
At place of death	ds.	In the State	yrs	nosds	
usual residence					

If more bianks are needed, address State Registrar, / W Saratoga St., Baito., Requesting V. S. No. 1.

DATE OF BURIAL

V. S. No. 1

WRITE

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat-fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need not be sss important. Example: Measles (disease Chronic valvular heart disease; nephritis, etc. The contributory

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PLACE OF DEATH	05194 STATE OF MARYLAND
County .	CERTIFICATE OF DEATH
	Registration Dist. No. 24
Village or City Charles (No. 48	Registration Dist. No. Active St.: Ward) (If death occurred In a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) 22 (Year)
Jan - 14 , 1930	5/10 1986. 20 5/10/30, 192,
(Month) (Day) (Year)	that I last saw handlive on 6/17/30, 192,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH; was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds,
9 BIRTHPLACE (State or country) annalish Ind	Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF Charles Edward Hicks	(Signed) MD.
of FATHER (State or country) Ballinors and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lillian African	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Davidson Villa Md	At place of deathyrsmosds, Stateyrsmosds, Where was disease contracted,
(Informant) Fillian Sewart	if not at place of death?
(Address) 98 Clay St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1930
Filed They 13 1930 Frage & frage Nove	20 UNDERTAKER ADBRESS EH 13 Parker 47 Washington
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

or Bozde

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, Civil engineer, Physician, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart etc. The contributory Nomenclature of the need not be disease;

BINDING lied. ACE si ns so that it istructions o RESERVED 2 MARGIN OD Shoul E OF state CCUP/ item of ir

PLACE OF DEATH

County Anne Arunda)

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Mugust 17th 1929 to October 9th, 192 30

that I last saw h im alive on October 7th 192 30

and that death occurred on the date stated above, at 10: 3CA.

Cerebral spinal syphilis

The CAUSE OF DEATH * was as follows:

16 DATE OF DEATH

Contributory

Secondary

At place 1

Registration Dist. No. (If death occurred in a hospital or institu-St.: Ward) tion, give its NAME instead of street and

October 7th 192... 20

Jaknown

1 19230 (Address) Crownsville, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

Kent County Maryland

I HEREBY CERTIFY, That I attended the deceased from

number.)

(Month) (Day) (Year).....

CrownsvillenState Hospital

2FULL NAME Joseph Hicks

PERSONAL AND STATISTICAL PARTICULARS

S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED black OR DIVORCED 879

6 DATE OF BIRTH Unknown

> (Day) (Year) (Month)

7 AGE IIILESS than I day hrs. ds. or min.?

OCCUPATION (a) Trade, profession or Laborer particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) 10 NAME OF

Maryland

FATHER Thomas Hicks, dead 11 BIRTHPLACE OF FATHER Maryiand (State or country)

12 MAIDEN NAME annie Maria ? OF MOTHER

13 BIRTHPLACE Mar /Land OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Hospital Records

(Informant)

OZO UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

ients or Recent Residents)

Where was disease contracted,

if not at place of death?.....

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item CIANS sho statement



(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of Housemaid, etc. If the occupation has been changed etc., Foreman, For many occupations a especially in industrial employments, it is necesyrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation single word or term on not gainfully em-(b) persons en-Grocery; groun

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the n for the same disease. Examples: (*crebroshund fever (the only definite synonym is "Epidemic cerebrol spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

idmit.ed lug. 17, 1929

American Medical Association.) stated unless important. Example: Measles (disease inges, perilonucum, etc., Carcinoma, Sorcoma, etc., of lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely State cause for which surgical operation was undercarbolic acid-probably suicide. Then ture of the injury, Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY name origin; "Cancer" is less definite; avoid Committee on Nomenclature Chronic volvulor heart disease, etc. The Always qualify all contributory

PLACE (OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County		(8)
Village or City		Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and
²FULL	NAME Still My and 1.	number.)
PERSONA	L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mal 1	COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH / Za , 1930
6 DATE OF BIRTH	Jan 20, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1936 to 1936 1936 1936 1936 1936 1936 1936 1936
7 AGE	If LESS than I day hrs. mos. ds. or min.	and that death occurred on the date stated above, at
(b) General nature business, or estate which employed 9 BIRTHPLACE (State or count	blishment in or (employer)	Contributory Secondary
10 NAME OF FATHER	O larence Licks	(Signed) (Address) War of the M. D.
OF FATHER Z (State or co	011-12	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN N OF MOTHER	1/'	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLAC OF MOTHER (State or Co	R O . O . O . And	At place of death
14 THE ABOVE IS	TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) (Addres	11 haldmangers Com	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BY SWEET STATE 1 24 1930
15 Filed Jan	23 1923 d fragle C. for a his	20 UNDERTAKER Parker & Son HI Washingt
	if more banks are needed, address Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a er," etc., without more process. Coal mine, ctc. Wom-laborer, Farm laborer, Laborer—Coal mine, ctc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, OF For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully em-For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on or intercurrent) Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

V. S. No. 1

N. B.

1PLACE OF DEATH County A - A - (A	10101 STATE OF M	
	Registration D	
Village or City Campicarofs (No	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9- 23 ~ (Month)	30, 192(Day)(Year)
6 DATE OF BIRTH Office (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I atte	23 - 3 C ₁₉₂
7 AGE yrs. O mos. 7 ds. or min.?	and that death occurred on the date stated of the CAUSE OF DEATH * was as follows:	ton cwsor
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Come Inffer hour teade	ing + tall
9 BIRTHPLACE (State or country) Camp, Parole Md	Contributory Secondary (Durstion)	_yrsds
10 NAME OF FATHER James Hicks fr. 11 BIRTHPLACE OF FATHER (State or country) Cample Carols. Md	(Signed)	or, in deaths from any and (2) Whether
of Mother Pauling Johno	18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	
13 DIRTHPLACE OF MOTHER (State or Country) Camp Parole 1/10	At place In the of deathyrsmosds. State Where was disease contracted,	yrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death? Former or usual residence	200000000000000000000000000000000000000
(Informant) James Journal (Address) Campi Parole 1110	Browshill Coul	9 25 , 19 30
15 Filed 125 19230 Joseph C. Joseph 2	20 UNDERTAKER BHISTORRES	47 Wash - Si

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH. Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crdup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Inanition," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as stated unless important. Example: Meosles (disease (secondary or intercurrent) Chronic interstitial nephritis, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need not be etc. The contributory valvular heart Measles; discose;

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1 PLACE OF DEATH	08900 STATE OF MARYLAND
County a. a	CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Tyons Creek (No. 2 FULL NAME Mattie Lee Hr	St.: Ward) If death occurred in a hospital or institution, give its NAME instead of street and aumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKED WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Mach (1 1826, to Syst 7 1520.
(Nonth) (Day) (Yes	and that death occurred on the date stated above, at 340% m.
If LESS I day	hrs. The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work.	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary Maphintan (Duration) yrs. mos. 3 de
10 NAME OF Jours Me Can Sulfale	(Signed) Hugh Ward. M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Carifith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da, State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	
(Informant) James Hygnes	Former or usual residence
(Address) your Creek	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed aug 8th 1830 NA Clayto Neglistrar	20 UNDERTAKER Pelele Telledship.
" more blanks are needed, address State Region	strar. 16 W. Saratoga St., Balto., Requesting V. 8 No. 1 Med.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At *chool or At home. Care should be taken whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing Death, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer: Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation -- Precise statement of ocetc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the present course of Cause of Death—Name, first, the present course of Cause of Death—Name, first, the present course of the causation), using always the same accepted term for the came disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. rhage," "Inunition."; "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weakness," ctc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; mges. peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway vulsions," Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; "Debility" ("Congenital," "Senlle," etc.), (Recommendations on state-Example: Meastes Always qualify all The contributory "Соша," (second-(merely (disease "Соп-

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Vastport (No. Fort 9)	Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Malled While WhoweD. OR DIVORCED (Write the word)	16 DATE OF DEATH O 2 4 8 / 1930 (Year) (Year)
6 DATE OF BIRTH May (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I lest saw h alive en 192 192 192 192 192 192 192 192 192 192
7 AGE 28 yrs. 7 mos. 23 ds. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Oyslyman	Herselinly Drowner
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
10 NAME OF Charles 7. Higgs	(Signed Low MA of Ben feling forest of 198 (Address) Amobile Mac
OF FATHER (State or country) Maryland 12 MAIDEN NAME (C) 12 MAIDEN NAME (C) (C) (C) (C) (C) (C) (C) (C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cla J. Ward 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disease contracted,
(Informant) Horman Higgs	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Homewood a file of Med	Cedar Bly Cent Nov 2, 1932 Sohn U. Vayler Consopole
If more bianks are needed, address State Registra	or 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more present in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, when a definite disease "Uraemia," "Weakness," etc., when a definite disease Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol

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07668	STATE	OF I	MARY	LAND
	CERTIFI	CATE	OF	DEATH

1.4.	© CERTIFICATE OF DEATH
N -: 111'	Registration Dist. No.
Earligh NAught	St.: Ward) (If death occurred in
16 1 11:	tion, give its NAME II -
NAME /2007 /42	grant stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE,	16 DATE OF DEATH
orlita WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
0	17 HEREBY CERTIFY, That Lattended the deceased from
Jul 17 , 1930	1930, to [1930], 1923D
(Marth) (Day) (Year)	that I idst saw h alive on 19230,
Alina (liber by	and that death occurred on the date stated above, at
Hill low de. I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
ssion or	Frenesture (rith (3 4w)
of work Prince	
re of industry blishment in	
or (employer)	(Duration)yrsds,
	ContributorySecondary
" 4. Co. nef	(Duration)mosds.
wilton Hignett	(Signed) M. D.
E	July 18 1923 U (Address) turning with
ountry) many land.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
Zula F. Maddry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	At place In the
untry) Mingland.	of deathyrsds. Stateyrsds. Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
zula Higneitt	usual residence
Earling & Highto	Family Curl Inly 19. 1932
18 1920 Jany 6 c. fry who	O UNDERTAKER ADDRESS
Registrar If more blanks are needed, address State Registrar	16 W. Saratora St., Balto, Requesting V. S. No. 1.
at more planks are meeded, address State Kegistrar	, to we believed but, begins, tradespetting to be troe as f

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it age. For many occupations a single word or term on tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haenorhage," "Shock," stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic Never report mere symptoms or terminal condiinterstitial nephritis, etc. valvular heart disease; The contributory

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anne arundel County



07669 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	JLL NAME C			St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
ssex female	4 COLOR OR RACE	5 SINGLE, MS MARRIED, WIDOWED, OR DIVORCED (Write the word)	rried	16 DATE OF DEATH
6 DATE OF BII		kriown (Day)	, §68 (Year)	I HEREBY CERTIFY, That I attended the deceased from July 10th 192 30to July 30th 192
7 AGE	62 yrs. u		If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
business, or	ountry) Vir	ginia		(Sisped) (Duration) yrs 6 mos ds
	LACE	lliam Jie Porria	ASOY.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDER	N NAME	ily Veeni	е	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHF OF MOT (State o		irginia		ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE	NOS ital		EDGE	if not at place of death?
15 Filed	dress) 010 118)	Registrar	Prelimond Co. Va 8-2-30, 19 ADDRESS Calline St.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.-

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, should be used only when needed. whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. gaged in domestie service for wages, as Nervaul, Cook ployed. as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House-Laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on that fact may be indicated thus; Furmer (re-(b) Cotton mill; (a) Salesman. without more precise specification as Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, As examples: (a) (6) Grocery; Day

Statement of Cause of Death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: ('crebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid pneumonia, Bronchopneumonia ("Pneumonia,");

"Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomendature letanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases can be ascertained as the eause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; "Atrophy." "Collapse." "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or misearriage as name origin; "Cancer" is less definite; avoid "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease, etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING WITH UNFADING INK--THIS IS A FOR MARGIN RESERVED WRITE

S. No. 1

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PLACE OF DEATH County County Anne Arundel



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.		
Village or City Crownsville State Ho	Spital St.: Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED. Male black (Write the word)	16 DATE OF DEATH August 1st		
6 DATE OF BIRTH unknown (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Sept. 15 1920 to August 1st 19230 that I last saw h im alive on August 1st 192		
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:		
(a) Trade, profession or Unknown			
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Acute depression due to		
(State or country) Maryland	Secondary B psychosis da. (Sigled) M. D.		
OF FATHER TOWNLY Hill OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
12 MAIDEN NAME OF MOTHER Ellen Thomas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE OF MOTHER Maryland (State or Country)	ients or Recent Residents) At place of death9yrsl0mos, 1.6.ds. Where was disease contracted,		
(Informant) Hospital Records (Address) Crownsville, Maryland	Former or usual residence St. Mary's County Md. 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 10		
Filed 192 Registrar	20 UNDERTAKER Half Janandand		

Pelf more branks are needed, address State Registrar, 16 W. Sarktoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it cases, fulness of various pursuits can be known. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furnier (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Luborer-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Sulesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons (b) Automobile factory. The material who have no occupation -Coal mine, etc. Wom-(6) persons en-Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopnoumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomencluture (Recommendations on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Paisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Branchopmcumonia (secondary), stated unless important. use of "Tumor" inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Inanition, "... warasum,
>
> Traemia, "." Weakness," etc., when a definite disease
>
> Always qualify all "Atrophy." "Collapse," "Coma," Never report mere symptoms or terminal condi-'name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be for malignant neoplasins); Measles, statement of cause of Example: Measles (disease valvular heart discase ctc. The Always qualify all ," "Convulsions, contributory

	тн		13495	STATE OF	
County Anne A	rundel	(\overline{n}	CERTIFICATE	OF DEATH
				Registration I	Dist. No. 27
Village or City	Cmerson H			St.: Ward)	(If death occurred a hospital or instition, give its NAME stend of street a number.)
PERSONAL AND	STATISTICAL PARTIC	ULARS	MEDIC	AL CERTIFICATE C	OF DEATH
3 SEX 4 COLOR male blac	OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the wor			mber 6th	
6 DATE OF BIRTH	nknown (Month) (Day)	, 1892 (Year)	17 I HEREBY October 28 that I last saw h in	CERTIFY, That I att	ended the deceased from the movember 6 1920 er 6th 1920
7 AGE 38 yrs	, unknown d	If LESS than I day hrs. or min.?	The CAUSE OF DEAT	red on the date stated TH * was as follows: Bustion due	1 1/25 195
particular kind of work. (b) General nature of income business, or establishmen which employed or (employed business)	dustry it in			(Duration)	
(State or country)	IInknown		Contributory Secondary		nkno/n
10 NAME OF FATHER	Unknown		Secondary (Signed)	Control of the contro	11/4/8/3 M
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Unknown Unknown Unknown		(Signed) 1920	(Address) Gr. Ow. M. isease Causing Death, ate (1) Means of In	W/4/9/3 M sville, Md.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Unknown		(Signed) NOV. 6 1920 *State the Violent Causes, staccidental, Suicidal 18 LENGTH OF RE	(Address) Gr. Ow. M. isease Causing Death, ate (1) Means of In or Homicidal.	SVI 11e Md or, in deaths from jury and (2) Whether
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	Unknown Unknown Unknown Unknown		Secondary (Signed) NOV. 1920 *State the Violent Causes, staccidental, Suicidal 18 LENGTH OF REients or Recent Re At place of death yrs	(Address) Gr. Own isease Causing Death, ate (1) Means of In or Homicidal. SIDENCE (For Hospi sidents) In the Statement of	or, in deaths from jury and (2) Whether
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO	Unknown Unknown Unknown Unknown	S	*State the Diolent Causes, st Accidental, Suicidal 18 LENGTH OF RE ients or Recent Re At place of death	(Address) Gr. Ow. M. isease Causing Death, ate (1) Means of In or Homicidal. SIDENCE (For Hospi isidents) In the Stat racted, in the Stat racted, in the Stat racted, in the Stat racted of REMOVAL OF REMOVAL OF REMOVAL	or, in deaths from and (2) Whether tals, Institutions, Tra
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO (Address)	Unknown Unknown Unknown Unknown OTHE BEST OF MY KNOW	s ryland	*State the Diolent Causes, st Accidental, Suicidal 18 LENGTH OF RE ients or Recent Re At place of death	(Address) Gr. Ow. M. isease Causing Death, ate (1) Means of In or Homicidal. SIDENCE (For Hospisidents) In the State of t	or, in deaths from jury and (2) Whether tals, Institutions, Trace.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Physician, Foreman, cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many 9 For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salcsman. At Home, and children, without more precise specification as Day For persons (b) Automobile factory. The material who have no occupation person, irrespective of not gainfully em-3 The ques-Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to i for the same disease. Examples: Cerebraspinal fewer the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondar: or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. (Recommendations on statement of cutise of Examples: Accidental drowning; Struck by railway train-Whooping cough; peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY by Committee Chronic (8) valvular heart disease; etc. The Nomenclature Always qualify all contributory

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT I BINDING FOR WITH UNFADING INK--THIS MARGIN RESERVED

V. S. No. 1

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PLACE OF DEATH

Anne Arundel County

13496

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

Vill	lage or City		ville State Hosp	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	emale	4 COLOR OR RACE black	SSINGLE. Married MARRIED. WIDOWED. OR DIVORCED (Write the word)	November 5, 192.30 (Month) (Day) (Year)
6 0	ATE OF BIR	unkn (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from March 19th 19230 to November 5, 19230, that I last saw her slive on November 5th, 19230,
	GE		If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 3:30 A.m. The CAUSE OF DEATH * was as follows: General Paralysis of the Insane
p (l b	usiness, or e	ad of work		(Duration) Unity of win mos de. Contributory Live Secondary (Director) 13 years of the contributory de.
	10 NAME C		Butler	(Signed) M. D. Nov. 5 19230 (Address) Crowns vi l. 1. M. D.
STN	11 BIRTHPL OF FATH (State o	· ·	ylvania	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ARE	12 MAIDEN		e Waters	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Т.		HER Penn	sylvania	At place of death yrs 7 mos. 16 ds. In the Life time ds.
14	(Informan	Hospital	records	Where was disease contracted, if not at place of death? Former or usual pidence Beltimore City Vid. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	-	4 5 1923 D	Registrat	20 UNDERTAKER THUSING BURGESS BURGESS BURGES
-		If more branks are	needed, address State Registri	ar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Form laborer, Laborer-(b) Cotton without more precise specification as Day Compositor, Architect, Locomotive (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. Coal mine, etc. Wom-(b) engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS.
EASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted tern for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

MRecommendations on statement of cause of American Medical Association.) (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL **epticuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumoniu (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, use of "Tumor" Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature of the for malignant neoplasms); Measles; Chronic valvular heart disease, etc. The Always qualify all contributory Poisoned by

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V. S. No. 1

	08901
PLACE OF DEATH	STATE OF MARYLAND
County Q - Q -	CERTIFICATE OF DEATH
(1)	Registration Dist. No.
Village or City hurchlonno.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Ofexander Ho	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LECINCLE 1	16 DATE OF DEATH:
Widows or pivored (Write the word)	well month (Day) 3 (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
42b 19 ,1873.	(11) 192 to (11) 192 , 192 , 192 ,
(Month) (Day) (Year)	that I last say h calive on , 1950,
7 AGE IFLESS than I dayhrs.	and that death occurred on the date stated above, and
3 / yrsmosds. ormin.}	mole + source
(a) Trade, profession or Antiques kind of work	The state of the s
particular kind of work (b) General nature of industry	1/
business, or establishment in which employed or (employer)	(Duration) yrsmos., A.ds.
9 BIRTHPLACE ON 1 - / 1	Contributory Secondary
(State or country) Churchlon /lid!	Buration) yrs mos bds.
10 NAME OF SAMON Hollings	(Signed Mes Juster M. D.
of 11 BIRTHPLACE	19th (Address) (Minghes) USA
(State or country) Churchlon ///	*State the Disease Causing Death, or, in deaths from Viblent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hlung Jans DErins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	At place of deathyrsmosds.
(State or Country) WWYCM ON ILLY 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
how Hellen Dring	Former or usual readence
(Informant) / Charles State	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Shady side Ma	Tolland family (End 7: B, 1936
15 Filed lug 3/ 1980 Ger Buch My J	EH. B. Wash- 81
If more branks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	N NOVOL

(Approved by U. S. Census and American Public Health Association.)

er,' etc., William laborer, Laborer-Spinner, should be used only when heeded. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. uner, (b) Cotton mill; (a) Salesman. (b) Grocery: Foreman, (b) Automobile factory. The material or For many occupations a single word or term on At Home, and children, not gainfully cmwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many -Coal mine, etc. Wom-Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature or intercurrent) cough; Chronic etc. The contributory valvular heart affection need not be

V S No. 1

N. B.--

PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City mapples (No. 7	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemes 4 COLOR OF RACE 5 SINGLE, MARRIED, Wildows OR DIVORCED (Write the word)	16 DATE OF DEATH (LT 13 , 1930) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h sualive on Oth 13 1923
7 AGE [If LESS than	and that death occurred on the date stated above, at 500 m.
1 day	The CAUSE OF DEATH * was as follows:
e-occupation (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vis nos da,
9 BIRTHPLACE (State or country)	Contributory Secondary (Dyration) 788 mos / ds.
10 NAME OF FATHER 11 BIRTHPLACE 13 BIRTHPLACE	(Signed) Clerk auderra M. D.
C (State or country)	*Stato the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Unknown	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) June Marcheff (Add (obs) 7 Dleagant St.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Bane Nell Cont. DATE OF BURIAL 19 30
15 File Del 15 1923 D France C. Refistrate	MAN CHACKS & 34 Portuet
If more blanks fre needed, addre.s atate Negistrar, 15 W. Saratoga St., Palto., Regusting V. S. 1.0. 1.	

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeanant laborer, laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-scient (the only definite synonym is "Epidemia cerebro-scient meninatis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "E-haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, (secondar) or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is opermanently filed.

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PLACE OF DEATH County Aune Oscill	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24
Village or City Linning of les (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME listend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, Ouyle WIDOWED. Colored (Write the word)	16 DATE OF DEATH July 26 , 1930 July (Month) 24 (Day) /930(Year)
EDATE OF BIRTH (Month) (Day) (Year)	17 I HERERY CERTIFY, That I attended the deceased from
If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary Contributory
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) I flu W Audesma F, achigas forwards 192 (Address) Allumbolis MQ. *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(State or country) IZ MAIDEN NAME OF MOTHER I3 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LUNGTH OF RUSIDENCE (For ilospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) State Delice (Address) Imapple 1 Filed 25 19230 Fig. 19230 Figistres	Where was disease contracted, if not at place of des.h? Former or usual res.dence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS AMORESS AMORES AMORES
If more b.anks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, c. g.. Farmer or Planter, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Without more process Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on without more precise specification as Day

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD PERMANENT BINDING V, FOR IS WITH UNFADING INK-THIS RESERVED MARGIN WRITE

V. S. No. 1

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PLACE OF DEATH	PLACE	OF	DEATH
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County

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07611

STATE OF MARYLAND CERTIFICATE OF DEATH

		illenotete Hospi	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	ONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3 sex Temale	4 COLOR OR RACE	SSINGLE, VILLOWED, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF I		(Day), 1865 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19228 to 111, 15, 1923, that I last saw har alive on 112, 15, 1923,
7 AGE	65 yrs. 20 tr	If LESS than 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:
business, o which emp 9 BIRTHPLA (State or	country)	rylend	(Signad) (Duration) yrs mos ds.
of FATH	HPLACE	orge Grinage	*State the Disease Causing Death, or, in deaths from
E 12 MAIC	DEN NAME	rt'. To rins	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF M	te of Country)	rylanu	At place of death yrs. 1 mos. 23 de. In the State yrs. mos. de.
(Inform	nant)	T OF MY KNOWLEDGE I RECORDS INSVILLE, AND LE	Former or usual residence
-	If more bianks are	11 /	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, fulness of various pursuits can be known. eupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, engineer, Stationary firemon, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (o) Salesman. without more precise specification as Day Compositor, Architect, Locumoline engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (4) The ques-Grocery,

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphol fever (1000) definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of as fracture of skull, and consequences (e g., sepsis, carbolic ocid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondar, or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by roilway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcomu, etc., of Never report mere symptoms or terminal condi interstitial nephritis, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; by Committee Chronic valvular heart disease on etc. The Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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1PLACE OF DEATH	03920	STATE OF I	MARYLA	ND
County A.A.	(117)	CERTIFICATE		
		Registration I	Dist. No	71
Village or City Annapolis (No. Emergency 2FULL NAME Earle Spencer Hopkins		St.: 2 Ward)	(If death a hospital tion, give stead of number.)	occurred i or institu Its NAME i street an
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE C	F DEATH	
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married		20 /(Klonth)	(Day)	, 192 20 (Year)
September 2 , 1902 (Month) (Day) (Year)	that I jost saw h	1920. to	Anded the d	eceased fro
7 AGE 27 yrs. 7 mos. 18 ds. or min.?	The CAUSE OF DEA	TH * was as follows	above, at f	20/
(a) Trade, profession or particular kind of work Furniture Buisness (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Richmond Va.	Contributory	Rufurl of	Jarl	mos /
10 NAME OF FATHER 0. B. Hopkins	(Signed) Clif	(Address) Cun	je, r	M. 1
OF FATHER (State or country) Baltimore Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whethe Accidental, Suicidal or Homicidal.			aths from Whether
of Mother Gladess Penn	18 LENGTH OF RE	SIDENCE (For Hospit	als, Institu	tions, Tran
13 BIRTHPLACE OF MOTHER (State or Country) Alexander Va.	At place of deathyrs	nos. 6 ds. In the	4 yrs.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		tracted, Wardor A.dor A.A.Co.M		VICE •
(Informant) O. Frank Hopkins (Address) Annapolis Md.	19 PLACE OF BURIA			BURIAL
15 Filed april 20 1923 D gray 4 C. Ly 4 206	Fort Linco		ADDRESS	.23 19 30
If more bianks are needed, address State Registrar	John M. J		Annapo	lis M

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from taborer, Form laborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervaul, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocetc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on that fact may be indicated thus; Farmer (rewithout more precise specification as Day Compositor, Architect, Locomolive engineer, (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tclauus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or misearriage as "Puerperal reptionimia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Erhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) or intercurrent) affection need not be stated unless important. Example: Measles (disease taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY Whooping cough; Chronic Chronic interstitiol nephritis, Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	CORD	EXACT
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1PLACE OF DEATH

05195 STATE OF MARYLAND CEPTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE.	
Male W MARRIED, WIDOWED MANNED OR DIVORCES (Write the word)	16 DATE OF DEATH May 30, 1930 (Month) (Day) (Year)
Mort OF BIRTH 23 , 1886 (Month) (Day) , 1886	17 I HEREBY CERTIFY, That I attended the deceased fro
HAGE 44 yrs. 6 mos. 5 de. or min.	s. The CAUSE OF DEATH * was as follows:
a) Trade, profession or Labor particular kind of work	Carcenoma of The Somary
b) General nature of industry* ousiness, or establishment in	
which employed or (employer)	(Duration) yrs. O mos
(State or country)	Contributory Secondary
10 NAME OF	(Duration)yrs
FATHER TALL CONT	(Signed) James J. Bellingolea M.
11 BIRTHPLACE	May 31 1900 (Address) Len Burne M
OF FATHER (State or country) Lermann	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
OF MOTHER Marie Wilke	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
OF MOTHER (State or Country)	At place of death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of des.h?
Hedwick Hosse.	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

S. No.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, (b) Automobile factory. The to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer, material Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic etc. valvular heart Nomenclature of the The " Shock, contributory disease;

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WRITE

ated EXACTLY, PHYSI- operly classified. Exact certificate.	Vi	PLACE OF DEATH County (No. M 2FULL NAME Maggin 2+
stated E		PERSONAL AND STATISTICAL PARTICULARS
be ck	3:	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
it m	6	DATE OF BIRTH (Month) (Day) (Year)
so ruc	7 /	48 yrs. 4 mos. 7 ds. or min.?
carefully supplied I'H in plain terms portant. See inst	FF	occupation a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)
be cal	9 E	(State or country)
should E CF DI Is very		10 NAME OF FATHER TO THE TANK
(0 =	ENTS	11 BIRTHPLACE OF FATHER (State or country)
mat e C	PAR	12 MAIDEN NAME OF MOTHER
of Information		13 BIRTHPLACE OF MOTHER (State or Country)
-00	14	(Informant) Runnel of My Knowledge
Every Item CIANS sha statement	15	(Address) Jerry 3

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME is -stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) I HEREBY CERTIFY That I attended the deceased from and that death occurred on the date stated above, The CAUSE OF DEATH (Durstion) Contributory M. D. (Address) the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury (2) Whether and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. _____ds. In the yrs.....mos.... Where was disease contracted, if not at place of death? usual residence

OR REMOVAL

DATE OF BURIA

ADDRESS

If more branks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (a) the kind of work and also (b) the Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nuture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Committee on Chronic affection need not be etc. The contributory valvular heart Nomenclature Measles; disease;

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PHYSI-PLACE OF DEATH Village or City certificate 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS of 5 MARRIED. 3 SEX 4 COLOR OR RACE WIDOWED. terms so that It may be en instructions on back 6 DATE OF BIRTH See instructions (... onth) (Day) 7 AGE mos. ds. or min. 8 OCCUPATION (a) Trade, profession or particular kind of work CIAAS should state CAUSE OF DEATH In pla statement of OCCUPATION is very important. (b) General nature of industry business, or establishment in which employed cr (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER ARENT (State or country) 12 MAIDEN NAME CF MOTHER 13 DIRTHPLACE OE MOTHER (State or country Every item of CIAMS should

05196

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23 -

St.: Ward)

(If death occurred in a hospit if ir institu-

	stend of strest and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH May 13 14 , 108 0 - (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from May 3 180. to May 13 , 1900.
	that I last saw h un alive on May 12, 1920,
1	and that death occured on the date stated above, atm.
	The CAUSE OF DEATH * was as follows:
	Hemoerhage in the Brain
	(Duration) yrs m28 ds
	Contributory Osteres Soleross.
	(Signed) Some S. Bellingslea M. D. Way 14 1920 (Address) Glan Burne mg
in.	May 14 1920 (Address) Glas Burne mg
	*Ct.te the Discase Causing Penth, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	18 LINGTH OF RESIDENCE (For I ospitula, Institutions, Transients or Recent Residents)
	At place of death
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 6-15, 120

(Year

fLESS than

day hrs

ADDRESS

(Informant)

15

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If more b.anks are needed, addruss State Registray, 16 W. Sarato, a St., Laito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em.ployed, as At school, or At home. Care should be taken cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; should be used only when needed. As examples: (7) additional line is provided for the latter statement : if nature of the business or indistry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Naver return 'Laborer,'" "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor. the first line will be sufficient, e.g., Farmer or Plonta, Statement of Occupation Precise statement of oc-Foreman, For many occupations a single word or term on yrs). Farm loborer, Laborer-Coul mine, etc. without more precise specification as Day Cotton mill; (a) Salesmon, (b) Gracery; (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Cydemic cerebrospinal menic, itis"); Diphtheria avoid use of "Croup"; Typhoid fever inever report "Typhoid Pneumonia": Lobar synonyma. Bronchopmennonia ("Pneumonia".

"Inanition," "Marasmus," "Old Age," Snock, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., letwis, tetanus) may be stated under the head of "contributory". carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICITAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be secondary or intercurrent. Example: Meosles (disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as by Committee on Nomenelature cough; Chronic etc. The contributory valvular heart

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PLACE OF DEATH
County Some Dound le
Village or City Snowlin Down, The
2FULL NAME Yernon &
PERSONAL AND STATISTICAL PARTICULARS
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)
6 DATE OF BIRTH
Month (Day) (Year)
7 AGE Vyrs. mos. ds. or min.?
a) OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE State or country 10 NAME OF FATHER (State or minum Annual Control 11 BIRTHPLACE OF FATHER (State or minum Annual Control 12 MAINEN NAME OF ATTHER 13 BIRTHPLACE OF MOTHER (State or minum Annual Control 14 BIRTHPLACE OF MOTHER (State or minum Annual Control 15 BIRTHPLACE OF MOTHER (State or minum Annual Control 16 BIRTHPLACE OF MOTHER (State or minum Annual Control 17 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 19 BIRTHPLACE OF MOTHER (State or minum Annual Control 10 BIRTHPLACE OF MOTHER (State or minum Annual Control 10 BIRTHPLACE OF MOTHER (State or minum Annual Control 10 BIRTHPLACE OF MOTHER (State or minum Annual Control 10 BIRTHPLACE OF MOTHER (State or minum Annual Control 10 BIRTHPLACE OF MOTHER (State or minum Annual Control 11 BIRTHPLACE OF MOTHER (State or minum Annual Control 12 BIRTHPLACE OF MOTHER (State or minum Annual Control 13 BIRTHPLACE OF MOTHER (State or minum Annual Control 14 BIRTHPLACE OF MOTHER (State or minum Annual Control 15 BIRTHPLACE OF MOTHER (State or minum Annual Control 16 BIRTHPLACE OF MOTHER (State or minum Annual Control 17 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minum Annual Control 18 BIRTHPLACE OF MOTHER (State or minu
(Internant) With Howard
(Address) Cly Pourue/hx

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. 56

30

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

a	Accession 2	
n Found	(Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
***************************************	<u></u>	

03921

-	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 12 Dave, 1927
_	(Month) (Day) (Year)
>	70 MAN 192, to 12 April 192,
_	that I last saw h alive on 5 April 192,
n	and that death occurred on the date stated above, atm.
s.	The CAUSE OF DEATH * was as follows:
.)	Mulureulosis of hif
	7
	(Duration)
-	Contributory Secondary
_	(Signed) (Duration) yrs mos ds. (Signed) M. D.
1	State the Dicease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
1	19 PLACE OF BURIAL OR REMOVAD DATE OF BURIAD
4	Warley Buying Mun How, 19 DC
14	20 UNDERTAKER ADDRESS

V. S. No.

8 2 15

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery; engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure, tracumurage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaenia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic chopneumonia (secondary), etc. The contributory affection need valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	13497 STATE OF MARYLAND
County Cu Cu	CERTIFICATE OF DEATH
1 / /	Registration Dist. No.
Village or City Inna (No. 29	St.: Ward) (If death occurred in a hospital or institution, give its NAME II
2FULL NAME WOUNDOUY.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 6 — , 1993 0 (Month) 6 (Day) 193 (Pear)
6 DATE OF BIRTH am 14, 1930	17 I HEREBY CERTIFY. That I attended the deceased from
(Month) (Day) (Year)	that I lest saw h Milive on
If LESS than	
yrsds. ormin.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Capillary princlules
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosda,
(State or country)	Centributory Secondary (Durgion) yrs mos ds,
10 NAME OF FATHER Dames Struct	(Signed) 2 MA D. M. D. M
OF FATHER (State or country) Q, Co Co	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTHE	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsfients or Recent Residents)
OF MOTHER (State of Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah?
(Informant) Namel Jerreerd	Former or usual residence
(Address) 29 Canol Sheet	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filedon 7 19230 frage Coffee &	3 y northur
If more banks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Flanter, For many occupations a single word or term on yrs). For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The material Locomolive engineer, As examples: (a)

s, inal menin, itis"); Diphtheria (avoid use of "Croup"); ed term for the same dise_se. E .: amples: Cerebrospinal Typhoid fever (never report "Typhcid Pneumonia"); ferer (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) "Deblity" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitual nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be assertained as the cause. Always qualify all itianus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi by Committee on Nomenclature Chronic valvular heart disease, etc. The contributory

data de essential and must be obtained before the certificate is If this dertificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the

permanently filed

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: co the first line will be sufficient, e.g., Firmer or Planter, tion applies to each and every percon, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, ~ (b) Automobile factory. The ician, Compositor, Architect, Locomotive engineer, ongoneer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Call mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation (6) material Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Choup"; Typhoid fever (never report "Typhoid Pneumonia". Lobar viewnomia Branchopneumonia "Pneumonia".

"Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma,, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sej.sis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify : Il "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; "Heart failure," "Haemorrhage, Chronic Example: Meosles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. W.

•	Exact
CORD	EXACTLY, Riy classified.
WRITE AINLY WITH UNFADING INKTHIS IS A PERMANENT CORD	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WITH UNFADING INKT	tion should be carefully sup AUSE OF DEATH in plain tel ION is very important. See
VINLY	Informatista State C
WRITE	CIANS should statement of O

	1PLACE OF DEATH	01311 STATE OF MARYLAND)
County Anne Arundel		CERTIFICATE OF DEAT	
		Registration Dist. No.	
Villa	ge or City Green Haven (No. 2FULL NAME William A. Hubb	St.: Ward) (If death occ a hospital or tion, give its N stead of strend of number.)	AME i
7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
s se	x 4 COLOR OR RACE 5 SINGLE. MARRIED. White Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH	
6 DA	December 4, 1 87 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decear	sed from
7 AG		an and that death occurred on the date stated above, at	ODan
(b) bus owhi	ticular kind of work Iceman General nature of industry siness, or establishment in ich employed or (employer) RTHPLACE (State or country) Baltimore, Md.	Contributory Coronary thrombosis Secondary (Duction) 7 yrs	
	o NAME OF FATHER Alonzo Hubbard	(Signed) 2 9. Suca 2-19 1920 (Address) Pasadona Md.	М. Г
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths Violent Causes, state (1) Means of Injury and (2) WI Accidental, Suicidal or Homicidal.	
PAR	of Mother Louise Whitehead	18 LENGTH OF RESIDENCE (For Hospitals, Institutions ients or Recent Residents)	, Tran
	S BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmos	b,d
	(Informant) ALCS . I. Hubbard	if not at place of death?	2
	(Address) Green Haven, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BU Magothy Cemetery 2-23	
15 F	iled 2 -19 1000 7, Q, Brigistrar	J. F. Denny Balto.,	nd.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never rcturn "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthworked on may form part of the second statement. ." etc., first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material single word or term on 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on telanus) may be stated under the head of "eontributory." tions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainean be ascertained as the eause. "Uraemia," "Weakness," etc., when a definite disease eausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from ehildbirth or miscarriage as cough; for malignant neoplasms); Measles; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection valvular Nomenclature of the Always qualify all heart need not be disease;

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(Approved by U. S. Census and American Fublic Health Association.)

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Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day But in many (b) Grocery;

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"Ethaustion," "Heart failure," "Inamorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st..ted unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., ol American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart diseose; etc. The contributory affection need not be Nomenclature

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1.				
	1	Amount		

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

Village or City Value	ton (No.	
		10 0
2FULL NAME	Elizabeth	Caroli

If death occurred in Ward) a hospital or institution, give its NAME is a stead of street and number.)

PERSOI	NAL AND STAT	ISTICAL PA	RTICL	JLARS
3 SEX Jemale	4 COLOR OR RA	WIDOV	ED. M	
6 DATE OF BIF	Xy	6 °C) 5 - Day)	, 1858 (Year)
7 AGE 7 2	yrs.	/ mos. 2	4 de	If LESS than I day hrs. or min.?
particular kin (b) General n business, or e	ofession or	tous E	27	ifE
9 BIRTHPLACE (State or co	untry) Leus	ter	un	ly
10 NAME		al 1	Tric	ires

				1
16 DATE OF DEAT	" Fe	by. 1	9	1900
		nth (1	•	
17 A HERE	BY CERTIFY, T	hat I attende	d the dec	eased from
tely 19	BY CERTIFY, T	•	cby 19	1930
that I last saw h.	W alive on	Fely	. 18	, 1930
and that death oc	curred on the da	te stated abo	ve, at7	-304
The CAUSE OF DI			/	
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	lugina (ectors	7	20 924 220 00 00 0 00 00
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	Su	lden d	eatt) d
Contributory	arter	ir. gel	eros	is
Secondary				
	Dung (Dung	Hon)	sm	bd
(Signed)	un //	tal to	11	M. I
tely 20,	Jun M. (Dug	Galde	hels	Med
*State the Violent Causes.	Disease Causing state (1) Meadal or Homicidal.	Death. or.	in deat	hs from Whether
TENCTH OF	DESIDENCE (F	. Hospitals.	Instituti	one. Tran

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		(Addres	8) 32	5-	8-	20	1/10	1-C	ch
-		- my - desire				00	12/1		6

ients or Recent Residents)

Where was disease contracted, if not at place of death?

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

At place of death

Former or usual residenc

WRITE

properly classified of certificate.

be stated be proper!

ACE should be that it may be otions on back o

should be carefully supplied. ALL. IT ME CF DEATH IN plain terms so that it me constructions and constructions and constructions.

Every Item of information a CIANS should state CAUSI statement of OCCUPATION

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE

OF MOTHER (State or Country)

(State or country) 12 MAIDEN NAME

PARENTS

CORD

PERMANENT

WITH UNFADING INK--THIS

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physicism, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed r." etc., Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal minc, etc. Wom-(b) Grocery;

Strtement of Cause of Death—Name, first, the DISEANS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, Whooping cough; Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B

	08902
PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County MAN ASMAN	Registration Dist. No. 22
1 1 1 1	Registration Disc. 7 O.
Village or City Carwing (No.	St.: Ward) (If death occurred in a hospital or institu-
1 Howard Marie	tion, give its NAME in- stead of street and
2FULL NAME / YERRAN MOVESSIE	J MMW number.)
PERSONAL , ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 3 SINGLE.	16 DATE OF DEATH
WIDOWED, WASHING	(Month) (Day) (Year)
Male Onic (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192 . to Dang 2 , 192 5
Clotra 1 . 11832	that I last saw h alive on /, 192 ,
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. o mos. o ds. or min.?	
8-OCCUPATION 1 1	Renoders / Mish
(a) Trade, profession or Salesman	Sill I AB
(b) General nature of industry	July - 11
business, or establishment in Which employed or (employer)	Mallall (Duration) yrs. mos. de.
9 BIRTHPLACE	Contributory
(State or country)	(Duration) yrs. mos. de.
10 NAME OF	(Signed) DESTER L DISMISH COSINIA M.D.
FATHER Thimas Husels	and and Iddentine
M 11 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from
C (State or country), A alturus	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME 1 - LIGHT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER WILL HAVES	ients or Recent Residents)
OF MOTHER	At place of death yrs mos ds. State yrs ds.
(State or country) I Suffamily	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Duy Duraris	usual residence
(miorinant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Chilallan III	gens to me lug 8, 1930
15 Filed aug 7 1930 H.L. Jones	ab UNDERTAKER ADDRESS
Filed Mg 1920 N.d. Jones	1. Vhrs. Williams on Walnuty Ind
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health. tahorer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," et ... should be used only when needed. As examples: (a) Sminner. (b) Collon mill; (a) Salesman. (b) Grocery: additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremun, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of telanus) may be stated under the head of "contributory." diseases, resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meastes, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on cough; Chronic Example: Measles (disease affection need not be valendar heart discase; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PL	ACE	OF	DEATH		
County	Anr	10	Arund	el .	r

08903 STATE OF MARYLAND

County A	nne Arundel	24 5 0 0 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0	91-8	CERTIFICATE Registration	Dist. No. 3/
		lle State Hospi		St:Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2F	ULL NAME	George Hutchi	ns	000	number.)
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
Male Black Single, Separated Wildowed. OR DIVORCED (Write the word)				August 28,	, 19:30 (Day) (Year)
6 DATE OF B		cnown , 1868	October 23	CERTIFY, That I att	tended the deceased from 1st 28, 1930 st 28, 1930,
7 AGE	62 _{yrs.} ur	If LESS the last of the last o	ars. The CAUSE OF DEAT	red on the date states TH * was as follows: rteriosclero	d above, at 3.308 m.
(b) General business, or	profession or Unlind of work			(Duration)	2 _yrs,ds,
9 BIRTHPLACE (State or country) Maryland			Contributory Secondary Dration mos		
10 NAME FATHE		own	(Signed) Aug. 29. 3	O Crowns	sville, Md.
OF FATHER (State or country) 12 MAIDEN NAME UNKNOWN			*State the D Violent Causes, at Accidental, Suicidal	isease Causing Death,	, or, in deaths from njury and (2) Whether
12 MAIDE V OF MO		wn		SIDENCE (For Hospi	itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) UNKNOWN			At place 4 yrs 10	nos. 5 ds. In the	Life mos ds.
14 THE ABOV	Hospita	of MY KNOWLEDGE	if not at place of dea Former or Bal	timore City	
	ldress)		Mt. Auru		aug, 30, 1930

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Furmer (reto report specifically the occupations of Housemaid, etc. If the occupation has been changed c," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on -Coal minc, etc. Wom-(6) persons en-Grocery,

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted to the for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Then ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	08904 STATE OF MARYLAND
PLACE OF DEATH	© CERTIFICATE OF DEATH
County Ame Shund	
l'i Di Du	Registration Dist. No.
Village or City MMa Miles MM - 2FULL NAME DIL By HMY	(If death occurred in a hospital cr institution, give its NAME instead of street and purpoer.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH ULG. 6 , 193. (Year)
6 DATE OF BIRTH MALL ANG.	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
(Month) (Day) (Year)	that I last saw halive on .,, 192,
7 AGE MUNAWY In [If LESS than I day	and that death occurred on the date stated above, at
8 OCCUPATION \	h
(a) Trade, profession or particular kind of work	1/1/1001
(b) General nature of industry	Mulea
business, or establishment in which employed or (employer)	(Duration) de,
9 BIRTHPLACE (State or country) (Mule flis Wol	Contributory Secondary (12
10 NAME OF FATHER MUNICIPAL	(Signed) Well Fledelog M. D.
STATHER (State or country)	*State the Disease Causing Death, or, in deaths from Viblent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Jerry Auger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) State of Country)	At place of death yrs ds. ds. In the State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
as a Ma	Former or usual residence.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Tarrely Crust, 1930
File ling 6 1923 Jagh C. Sa hin	From Brown Cennegolo
If more blanks ara needed, address State Registral	r, 16 W. Saratova St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. first line will be sufficient, e. g.. Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. If the occupation has been changed Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was underdiseases Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage cough; Committee on Nomenclature of the Chronic etc. valvular heart disease; The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe duta is essential and must be obtained before the certificate is permanently filed.

V. S. No.

N. B.

PLACE OF DEATH	01313 STATE OF MARYLAND
County C- C-	CERTIFICATE OF DEATH
STERLY SOURCE AND THE COL	Registration Diat. No.
Village of City amafylis (No. 83 Se	St.: Ward) (If death occurred In
/ 2FULL NAME Sameul Edwan	Haniel Hyman a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 11 7 , 1830
6 DATE OF BIRTH Seb 23 , 1891 (Month) (Day) (Year)	that I last saw h malive on # 10.7 , 1920,
7 AGE [If LESS than	and that death occurred on the date stated above, at 2. 45 Pm.
38 yrs. Tomos. I day hrs.	The CAUSE OF DEATH * was as follows:
OCCUPATION	Pullinger - Jukan Mesa.
(a) Trade, profession or particular kind of work	January Januar
(b) General nature of industry business, or establishment in MON (1)	(Duration) yrs 6 mos 7 ds
which employed or (employer) USN COOK	Contributory
9 BIRTHPLACE (State or country) Commala the	Secondary / On O
10 NAME OF FATHER MM HALLES	(Signed), (Durstion) yrs. mos. ds.
11 RIPTHPLACE 1	1980 (Address) Queoff Wy
OF FATHER (State or country) Margret Mid	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER DEOTREAMA SCOTT	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) amagolis and	ients or Recent Residents) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Motorman Mrt Suis Human	Former or usual residence
O(Address) 33 SECOND SI	Promovefull Coul 2 10 1980
15 Filed \$1 10 1930 frag L. C. frag a 200	EN B Parker & Son 47 Washington
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Houscwife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, hou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, But in many (6) material Grocery;

Streement of Cause of Death—Name, first, the DIS-EAL: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ethaustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Heart failure, Lizemorrusge, "Shock," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY by cough; Committee on Chronic valvular heart disease etc. The contributory affection Nomenclature of the need not be

If this certificate is bested one would and all questions answered in detail a will spin dither correspondence. All the data is essertal and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, F CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. AINLY, WITH UNFADING INK--THIS IS A PERMANENT BINDING MARGIN RESERVED FOR

WRITE V. S. No. 1

PLACE OF DEATH	08905 STATE OF MARYLAND		
County auga afraide	CERTIFICATE OF DEATH		
	Registration Dist. No. 27		
Village or City Wasswille (No.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME is stead of street and		
2FULL NAME / LA TI	number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE SINGLE, WIDOWED. WISHING OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 8 , 1980 , (Month) (Day) (Year)		
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920, to aug 18 , 1920, that I last raw he alive on aug 18 , 1920.		
7 AGE 94 yrs. 4 mos. 4 ds. or min.?	and that death occurred on the date stated above, at #10 mm. The CAUSE OF DEATH * was as follows:		
8 OCCUPATION (a) Trade, profession or particular kind of work	HEAD production		
(b) General nature of industry	20		
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory mability to take from		
10 NAME OF FATHER TRANSPORTS	(Signed) (Address) (Signed) (Address) (Address) (Address) (Address) (Address)		
of FATHER and asmed Co-Ind (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of Mother Glizabath Sellman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
13 BIRTHPLACE OF MOTHER CLIME OF WILL ! Co In A	ients or Recent Residents) At place of deathyramosds. In the Stateyrsmosds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence.		
(Informant) A Thomas (Address) Batturent - MA	Davidsonvelle Zefe, Chin 19, 1930		
Filed 1923 D Jack C. France State Registrar	John My Saylor Composis		
If more banks are needed, address tate Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1. 2210		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJUNY resulting from childbirth or miscarriage as cough; Chronic affection need not be etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

PLACE	OF	DEATH	
County An	ne	Arundel	

13498

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

7il	lage or, City	Crown	sville State Hosp	oital St.: Ward)	tion, give its NAME in-	
	² FULL	NAME	Columbus Isas	ecs	stead of street and number.)	
=	PERSONAL	L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH	
	Male 4	color or race	SINGLE, Separated WIDOWED, OR DIVORCED (Write the word)	No vember 15		
5 0	DATE OF BIRTH	Unkn C		June 19th 19229 to Nove	ember 15 19230 er 15 180.	
· A	.GE 2	9 yrs.	Mosds. If LESS than I dayhrs ds. ormin.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows: Pulmonary tuberculse:		
() p () b	b) General natur	of work re of industry	aborer	(Duration)	yra, mos ds.	
-	State or countr	~	ia	Contributory Secondary (Signed)	mos 4 ds.	
NTS	FATHER 11 BIRTHPLAC OF FATHER (State or co	Georg		*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from	
AR	12 MAIDEN NA OF MOTHER		th Gatherright	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)		
	13 BIRTHPLAC OF MOTHER (State or Co	Geor		At place of death 1.yrs. 4nos. 26. In the State	e8yrsds.	
4	(Informant)	Hospit	T OF MY KNOWLEDGE al Records wille. Maryland	Former or usual residence Baltimore City. 19 PLACE OF BURIAL OR REMOVAL	Maryland DATE OF BURIAL	
15	Filed	700	SOOT Registrar	20 UNDERTAKER AN 2.1. Wenterode po	ADDRESS Walesburg	
		If more bianks are	needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1. Juda	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH er," etc., without more precedure, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it fulness of various pursuits can be known. whatever, write None. busine .. that fact may be indicated thus; Farmer (1) Housenaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serund, Cook ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman, For persons who have no occupation (6) The ques-Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroading fever (the only definite synonym is "Epidemic cerebroasinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by American Medical Association.) telahus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

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WRITE

V. S. No. 1

PLACE OF DEATH	05198 STATE OF MARYLAND CERTIFICATE OF DEATH
The med her te	Down John Registration Dist. No. 25
2FULL NAME Essie May Jackson	St.: Ward) (If death occurs a hoapital or in tion, give its NAN stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 19 19 192 (Month) (Day) (Ye
6 DATE OF BIRTH May 19, 1939 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased May 19 1930 to May 19 1, 1 that I last saw has alive on May 19 Uty 1
7 AGE If LESS that I day 2hr or min	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributor Mothers hay allule by such
9 BIRTHPLACE (State or country) Harmon, Md.	Bethe Town 21/2 hor before dales were
10 NAME OF FATHER William Jackson	(Signed) Plake W W Solves 4
OF FATHER C (State or country)	*State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal.
OF MOTHER Cessie Robinson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyramosds. In the Stateyramos
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	usual residence
(Informant) My Man achieve	19 PLACE OF BURIAL OR REMOVAL DATE OF BURI
(Address) Varanota Md Filed May 20 1980 Chas W Brashe M. Registran	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of oc-Foreman, (b) For many occupations a single word or term on Farm laborer, (b) Colton mill; (a) Salesman. For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Womperson, irrespective of (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. stated unless important approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Committee on Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.--Every item of information should be carefully supplied ACE should be state XACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK---THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING NLY WRITE P 4. S. No. 1 z

	06407
PLACE OF DEATH	STATE OF MARYLAND
County aaaw.	CERTIFICATE OF DEATH
1	Registration Dist. No. 22
Village or City blassifo. (No.	St.: Ward) (If death occurred in a hespitul or institu-
2FULL NAME Era Jacks	tion, give its NAME ireatend of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the decessed from
) 1899 (Nonth) (Day) (Year)	that I last saw h a alive on -6-18, 19230,
7 AGE OI III III III III III III III III III	and that death occurred on the date stated above, at
3/ yrs 18 2 mos 2 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Gonomporal Endocadoles
(a) I rade, profession or particular kind of work	General Gondonal andrelia
(b) General nature of industry	
which employed or (employer) Hall	Contributory Garage Sulfuglie
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mosds.
10 NAME OF FATHER Charces Burell	(Signed), 73. famuel M. D.
OF FATHER (State or country)	*State the Discase Causing Peath, or, in deaths from Vlorent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Magger Bus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Danagia Bis	Former or usual residence
(Address) 50 M Carolina St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filedeine 18 1920 ldarg M Hashiff	20 UNDERTAKER ADDRESS
If more blanks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Groccy; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return 'Laborer,'" (Foreman," "Manager." "Dealworked on may form part of the second statement. report specifically the occupations of persons ento know For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, For persons who have no occupation (11) the kind of work and also (b) the Architect, Locomolive engineer The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," ctc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease telunus) may be stated under the head of "contributory. atic), "Atrophy," "Collapse," "Corra," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of theinjury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY cough; Chronic valeular heart Nomenclature The contributory Always qualify all Measles; disease

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING IS A MARGIN RESERVED FOR WITH UNFADING INK--THIS WRITE

PLACE OF DEATH Anne Arundel County

03923

STATE OF MARYLAND CERTIFICATE OF DEATH

Vil	llage or City	ville State Hosp:	St.: Ward	
-			1	****
	PERSONAL AND STATIST		MEDICAL CERTIFICATE	OF DEATH
	sex 4 COLOR OR RACE ale black	MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	April 1st (Month)	, 192.30 (Year)
6	DATE OF BIRTH		Oct. I HEREBY CERTIFY, That I at	tended the deceased from
	unknown	1 890	192 to	, 19200,
	(Month		that I last saw h im alive on Apri	l lst 19230
		If LESS than I day hrs. or min.?	The CAUSE OF DEATH + was as follows:	d above, at 6:50A m.
8 (a) Trade, profession or		\$5555550000000000000000000000000000000	rivi advunt advuntidi i i juntavrida a assa a assa karibi kuming
Section 1	articular kind of work Non			* _E +
	b) General nature of industry			hours
	which employed or (employer)		Acute enteri	
9 1	State or country)	Maryland	Contributory Secondary	24 hours
	10 NAME OF FATHER An	dred A. Jackson	(Signed)	ME 1003 M.D.
NTS	OF FATHER (State or country) Un	known	*State the Discase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	
PARE	12 MAIDEN NAME OF MOTHER	lizabeth ?	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	
	13 BIRTHPLACE OF MOTHER (State or Country)	nknown	At place e ln th	vi fetrine de.
14	THE ABOVE IS TRUE TO THE BEST	T OF MY KNOWLEDGE	if not at place of dea.h?	
	(Informant) Hospita	l Records	Former or usual residence Baltimore City	
	(Address) Growns	vible, Maryland	Dorph Cem.	DATE OF BURIAL
15	Filed 192	Jet Han	20 UNDERTAKER	ADDRESS
	I Hed	the specific sections	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1101.110.0

If more bianks are needed, address state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (6) material Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular etc. The contributory heart

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WRITE

V. S. No. 1

X		TLY, PHYSI- sified. Exact
U	A PERMANENT CORD	that it may be properly classified. Exact
OR BINDING	A PERMAN	hat it may be

11

PLACE OF DEATH	STATE OF MARYLAND
County A — A —	CERTIFICATE OF DEATH
1	Registration Dist. No. 31
Village or City Lowes (No	St: Ward) (If death occurred ir a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Dy . Z 8 H, 192 J (Month) (Day) (Year)
6 DATE OF BIRTH July 12, 1863 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year) If LESS that I day hrs or min.	The CAUSE OF DEATH * Was as follows:
(a) Trade, profession or particular kind of work	Duration: unknown.
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)ds.
9 BIRTHPLACE (State or country) A - a Co Ind.	Secondary Durstion Vis. mos. ds.
10 NAME OF PATHER PATHER KELLY:	(Signed) M. D7
OF FATHER (State or country) O - O /// // // // // // // // // // // //	*State the Disease Causing Death, for, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother un known	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Mr Rnown,	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) I forence lacks on Miller	Where was disease contracted, if not at place of death? Former or usual residence
(Address) P. O. Serverna IIId.	Wayman Eml- Date of Burial
File File 1920 fragle C. Registrar	E HB Parker 47 Washington
If more beenks are needed, address State Registra	or, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

AF 100



(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lug laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an cases, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. ner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the not disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CLANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. CORD JINLY WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

PLACE OF DEATH	0118 STATE OF MARYLAND
County Cluve amudel	CERTIFICATE OF DEATH
	Registration Dist, No.
1 0 00	
Village or City & Everna Vall (No.	St.: Ward) a hospital or institu-
m (tion, give its NAME is stead of street and number.)
2FULL NAME	J. G. Work
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANTS	16 DATE OF DEATH
WIDOWED.	Jan 9
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That Lattended the deceased from
un Rnown -, 1863	DEC 26 1929. to Jan 5 1930.
(Month) (Day) (Year)	that I last saw h Lalive on
7 AGE	
about 66 vrs mknown ds. or min.	
	Man Schwais -
a) Trade, profession or	
particular kind of work (b) General nature of industry	Chime an hours
business, or establishment in	Duration) J vis. mos. ds.
which employed or (employer)	Contributory Mays cande to
9 BIRTHPLACE (State or country)	Secondary
CL - CL - Produ	(Duration) yrsrnosde,
FATHER TO CO CONCE WALLS	(Signed) M. D.
11 BIRTHPLACE	1/7/36 192 (Address) Jan Burne
of FATHER	*State the lisease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ш —	Accidental, Suicidal or Homicidal.
of MOTHER MAILS MATINES ON	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country) Sychmond 1/a -	of desthyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
RI 10-P. A.	Former or
(Informant) Mh Lackson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Sentera Park. his	10 1. T. 401 C. 11 8. 30
(Address)	ADDRESS ADDRESS
15 Filed Jun 8 1930 pay 4 C. Ty 4 1	LOHB Contest Son 47 Washington
Kegistrai	Cilis rancos o con il
If more banks are needed, addre.s Ltate Kegistr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servent, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Hausehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Statianary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-.," etc., or At Hame, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs): Farm laborer, Labarerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, -Coal mine, etc. Wom-6 Grocery;

Streement of Cause of Death—Name, first, the Disease: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chranic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	PLACE	OF	DEATH
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Anne Arundel County

10102

(136

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vil	lage or Cit	Crowns	villow.State Stephen		tion, give its NAME in
	PERSO	NAL AND STATIST	ICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
	nale	4 COLOR OR RACE	5 SINGLE, S11 MARRIED, WIDOWED, OR DIVORCED (Write the word)	ngle	September 10 , 19230
6 [DATE OF BI	RTH			17 I HEREBY CERTIFY, That I attended the deceased from
		unknown	1	1 905	June 20 1980. to September 10192 30
		(Month)	(Day)	(Year)	that I last saw him alive on September 10, 192.36
7 A	GE	25 yrs. unl		If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at 1 P. m. The CAUSE OF DEATH * was as follows: Suppurative Orchitis with re-
) b	usiness, or		and		Contributory Secondary Divation yrs mos 14 ds
	10 NAME FATHER	OF	n Jackson	dead	(Signed M. D. Sept. 10)92 30Address) Cro. Wnsville. Md.
ENTS	11 BIRTHF OF FAT (State	HER	land		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	
100	13 BIRTH		land		At place of death yrs 2 mos. 10s. In the State Lifetime ds
14	THE ABOVE	TS TRUE TO THE BES	T OF MY KNOWLE	DGE	if not at place of death?
	(Informati	Hospital	Records		Former or usual residence Baltimore Gity, Md.
_	•	dress) Crowns vil		and and	nt auburn len 9-13, 1930. 20 UN DERTAKER
15	Filed	1/6 19230	trayle. fr	Registrar	John & Henderson 1502.8.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. busine, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Munager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer ar Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salcsman. without more precise specification as Day (b) For persons who have no occupation (a) the kind of work and also (b) the Automobile factory. The material Laborer--Coal mine, etc. Womperson, irrespective of (6) Grocery;

Statement of Cause of Death—Name, first, the DEXEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed tern for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was under-"PUERPERAL septicacenia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondar; or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valvular heart disease; nephritis, etc. The contributory The n ture of the injury, Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Spec .- 8-24-14-M. & T .- 2000 L

man, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, amples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile changed or given up report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been or At home, and children, not gainfully employed, as At school or At home. Care should be taken to ment; it should be used only when needed. an additional line is provided for the latter statecially in industrial employments, it is necessary cient, e. g., Farmer or Planter, Physician, Composiillness. If retired from business, that fact may be CAUSING DEATH, state occupation at beginning of nature of the business or industry, and, therefore, Stationary fireman, etc. But in many cases, espetor, Architect, Locomotive engineer, Civil engineer, person, irrespective of age. For many occupations a single word or term on the first line will be suffito know (a) the kind of work, and also (b) the the relative healthfulness of various pursuits can be statement of occupation is very important, so that STATEMENT OF The question applies to each and every on account of the DISEASE OCCUPATION.—Precise As ex-

Name, first, the DISEASE CAUSING DEATH—mary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho pneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion, Cellultis, Childbirth, Convulsions, Hamorrhage, Gastritis, Erysipelas, Meningitis, Gangrene, Miscarriage, Necrosis, Peritonitis, Phlebitis, Pyamia, Septicamia, Tetanus.

The following must be referred to a Coroner:

Deaths due to accident (if criminal negligence possibly involved); Suicides, Homicides, Abortions (if induced), whether death is directly or indirectly due to the same.

N. B. --

HYSI-Exact

PLACE OF DEATH	05200 STATE OF MARYLAND CERTIFICATE OF DEATH
1001	(129) Registration Dist. No. 20
Village or City A. A. Co. Intone 2 FULL NAME Elizabeih	St.: Ward) St.: Ward) If death occurred in a floorlies or institution, give its NAME intend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWRD OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	See 1st 1000 May 20th 130
Not know = 1860	that I last saw h Walive on May 18 130
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at /
l dayhrs	The CALME OF DEATH & was as follows:
POCCUPATION ds. or min.	manie on the strain
(a) Trade, profession or particular kind of work.	populis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country) Mangleur	Contributory Secondary (Duration) A.4yrs, mos., de
10 NAME OF FATHER NOT KNICHO	(Signed) Thertime Hayes M.D.
11 BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Of Rnews	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE t, OF MOTHER (State or country)	ients, or Recent Residents) At place of desthyrsmosda. State,yrsmosda.
H THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Information Juckey	Former or usual residence
(Address) 32 waler his	A A. Co. Hema M & Than 22 19.30
Filed may 22 192 80 m. Luchter Tylehars, Registrar	Sus. J. Cof Hari Son ille

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, House maid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as Al school or At home. Care should be taken ctork, or At Home, and children, not definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc. without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman. (b) Antomobile factory. Spinner, (b) Cotton mitl; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) ac. litional line is provided for the latter statement; it nature of the business or industry, and sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civit engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of full as of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocad 6 yrs.). For persons who have no occupation For many occupations a single word or term on -Coal mine, etc. Womgainfully em-The material But in many therefore an The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on реяс quences (e. g., sepsis, tetanus) may be stated under the as probably such. If impossible to determine definitely can be ascertained as the cause. Always qualify all symptomatie), "Atrophy," "Collapse," conditions, ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); (name origh; "Cancer" is less definite; avoid inges, perilonarum, etc., Carvinoma, Sarcoma, etc., of ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway and qualify as Accidental, suicidal, or homicidal, or State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemla," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Eth: ustion." "Heart failure." Chronic interstitiut nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The natrain—accident: Revolver wound of head—homicide; "Puerpenal septicuemia." "Puerpenal peritonitis." vulsious," (secondary or intercurrent) affection need not be Whooping cough; Chronic valeular heart disease; of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile" etc.), such as "Asthenia." (R commendations on state-Example: Meastes "Anaemia" "Соша," "Наешог-Mousles; (second-(disease merely

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N. B

PLACE OF DEATH County O (1)	02553 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 21
Village or City unapoling (90.	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 4, 1930 (Month) (Day) (Year)
6 PATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Chneumone : no doctor in at-
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER PChard Slaves	(Signostoni M. Hapkon Jeling Grover M. D. Much & 1980 (Address) Annofolis Mar
OF FATHER (State or country) 12 Malden Name ()	*State the l'iscaso Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Csteller Washingtone 13 BIRTHPLACE	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of dea.h?
(Informant) Estilla Washington	Former or usual residence
(Address) Jahren Cock	Du Will cont 3-6, 1, 30
Filed March 3 1923 2 frag & C. fr in Ted	Shas & Hick J. 34 Houthurs &
If more banks are needed, addre.s Ltate Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. T.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, cspecially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to e:ch and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day Locomolive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic ctc. The contributory valvular heart disease; Nomenclature of the not

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

PLACE OF DEATH	02554 STATE OF MARYLAND
County// le- de-	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Amp Alva. () 2FULL NAME Tromas fac	St.: Ward) (If death occurred a hospital or institution, give its NAME is stend of street as number.)
PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR MACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3 - 7, 1923 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Bay)	17 I HEREBY CERTIFY, That I attended the deceased from 193 (Year) that I last saw ham alive on 3 - 3,0192
7 AGE	LESS than and that death occurred on the date stated above, at 3.0/1 The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	Sprutanerus Keminouhoze of New Bour
9 BIRTHPLACE (State or country) Qu (Qu) (W)	Contributory Secondary (Duglion)yrs
10 NAME OF FATHER Homos Jacob	(Signed) M. M. (Address) Q.T. alfold St.
OF FATHER (State or country) 12 Maiden Name	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Fellow Mag	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trustients or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOME IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathmosds. Stateyrsmos
(Informant) Nomas factor	Former or usual residence
(./b ()-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) amyo faw	6 M frest fate, lent 3 - 3, 190

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The guescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Dinhtheria (avoid use of "Croup"); Synhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH County Q Q	STATE OF MARYLAND CERTIFICATE OF DEATH
	1 his frage	Registration Dist. No. 21
	Village or City (No. Children of No. Children of City (No. Childre	St.: Ward) A hospited or institution, give its NAME instead of strest and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Made White Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH PROBLEM 9, 108) LLQ -9 - (92 (Month) (Day) (Year)
	(Month) (Day) (Year)	that I lest sew handlive on 192
79	7 AGE Standard If LESS than I day hrs. or min.	and that death occurred on the date stated above, at
0	(a) Trade, profession or Camber particular kind of work (b) General nature of industry	Olseve
	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Annafoolis Ond.	Contributory Secondary (Durstion) (Durstion)
	10 NAME OF FATHER L. Henry January	(Signed) Clour authorized M. D.
	Z (State or country) annopoleto mi	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidel or Homicidal.
	of MOTHER Daily Wheeler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) annaferlite mo	At place of death
	(Informant) ohn Woelfel	Former or usual residence. DATE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Ballimal and	St. mary & Cemelery Bu 11, 30
	Filed 72 1920 Registrar	20 UNDERTAKER Hopping. amopule.
	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISCASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept—Zed term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronic valvular etc. The contributory affection need Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

T

BUREAU

V. S. No. 1

PLACE OF DEATH	03924 STATE OF MARYLAND
County a a Co	CERTIFICATE OF DEATH
Country	
1 10/	Registration Dist. No. 22
Village or City Vareceas (No.	St.: Ward) (If death occurred in
2 FULL NAME Milliam Thom	a hospital or institu- tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MIDOWED MURREY	L (1930) 1930
Male Mute OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Secure 4 1841)	Dept- 11th 1928 to april 1980,
(Month) (Day) (Year)	that I last saw ham alive on April 9 100,
7 AGE IfLESS than	and that death occurred on the date stated above, at 7.1 Pm.
I day	The CAUSE OF DEATH * was as follows:
3 9 yrs. 8 mos. ds. or min.?	Chronic interstal; Fastvilia Curhos
OCCUPATION	M Stoman
(a) Trade, profession or farmers	
(b) General nature of industry	
business, or establishment in	(Duration) 2 yrs. mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
oraco ma	(Duration) , , , , , , , , , , , , , , , , , , ,
TO NAME OF FATHER	(Signed) M. D.
11 BIRTHPLACE	4-10-1987 (Address) Lessub Ind
OF FATHER	*State the Pisease Causing Peath, or, in deaths from
Z (State or country) WA. CO MA	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OLINATED LA STREET	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER MAN	At place of death yrs mos, ds. State yrs ds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
In Interest	Former or usual residence
(Informant) (Nea) 7 7 mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Harrycan MM	of when I are IY IN
	20 UNDERTINGER LOURS MODRESS
15 Filedal 10 19230 N.L. Jones	What almost horte aur
Depy/focal Registras	Jif telimin June
If more banks are needed, address thate Registran	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been clanged to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Deal-Spinner, (b) Colton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Civil engineer, Physician, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Stationary fireman, etc. But in many (b) Automobile factory. The material (a) the kind of work and also (b) the Architect, Salesman. Locomolive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on "Tracmia," "Weakness," etc., when a definite disease st_ted unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJU.X Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valvular heart Nomenclature The contributory disease;

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Dr. Hammond

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	BEvery item of information should be carefuily supplied. ACE should be stated E CIANS should state CAUSE OF DEATH in plain terms so that it may-be properly statement of OCCUPATION is very important. See instructions on back of certific
)	N. BEvery item of information should be carefully supplied. ACE should be stated E CIANS should state CAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very Important. See instructions on back of certifications.
1	Z

PLACE OF DEATH	07612 STATE OF MARYLAND
Count ame arundel	CERTIFICATE OF DEATH
annegueis Jametisis 16	Restrict Framing Registration Dist. No. 22
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give lts NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 22, 1983. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h last
7 AGE 13 14 yrs mos 2 2ds. ormin.?	The state of the s
(a) Trade, profession or particular kind of work (b) General nature of industry	9 direy.
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Hart Ly Caustron
10 NAME OF FATHER Poblis Jeffries	(Signed) Plumet 13 Jour M. D. Very 72 19220 (Address) amorphis Jer, me
OF FATHER (State or country) Weigh De-	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Ucelory 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Wash be	At place 2 yrs 6 mos ds. In the State 2 yrs 6 mos ds.
(Informant)	Where was disease contracted, if not at place of death? Former or usual residence Wash.
(Address) anythis get nell	Mestuir Lawing Select July 23, 19 30
Filed uly 22 1980 Colona Mashet	Hutur Tawing Seleva any for Der 100 100 100 100 100 100 100 100 100 10
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Palto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons enrner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic valvular heart disease; nephritis, etc. The contributory

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	OF DEATH		0119 STATE OF MAR
County	Inne Arundel	***************************************	CERTIFICATE OF
/	Constitution	illa Chata IIaaa	
Village or City 2FU		illanState Hospi Jenkins - La	a he tion
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DI
3 sex Female	black	SINGLE, MAPPICO MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH January 26th (Month) (Death
6 DATE OF BIR		nown , 1 888	17 I HEREBY CERTIFY, That I attended
7 AGE	42 yrs.	If LESS tha	s. The CAUSE OF DEATH s was as follows:
9 BIRTHPLACE (State or co	untry) Mary		
I 10 NAME O	-	yland	Secondary New iti
10 NAME O	James	yland Johnson	Secondary New iti
FATHER II BIRTHPL OF FATH Z (State or	James ACE ER r country) Baltin		(Signed) *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury
FATHER II BIRTHPL	James ACE ER r country) Baltin	Johnson more, Maryland	Secondary New Titi (Signed) *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals,
FATHER II BIRTHPL OF FATH (State of 12 MAIDEN OF MOTH 13 BIRTHPI OF MOTH	James ACE ER COUNTRY) Baltin	Johnson more, Maryland	*State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents) At place of death yrs 2 mos, da. State I
FATHER II BIRTHPL OF FATH (State or OF MOTH OF MOTH (State or ATHE ABOVE	James ACE ER r country) Baltin NAME HER France LACE HER Country) IS TRUE TO THE BEST	Johnson more, Maryland es?	(Signed) *State the Disease Causing Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents) At place of death yrs 2 mos da. Where was disease contracted, if not at place of death? Former or usual residence Baltimore City M
FATHER II BIRTHPL OF FATH (State or II BIRTHPL OF MOTH OF MOTH (State or II BIRTHPL OF MOTH (State or II THE ABOVE	James ACE JER TO COUNTRY) Baltin France LACE JER Gountry) Baltin HOSPITAL HOSPITAL	Johnson more, Maryland es? more, Maryland rof MY KNOWLEDGE l Records	(Signed) *State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents) At place of death yrs
FATHER II BIRTHPL OF FATH (State or II BIRTHPL OF MOTH OF MOTH (State or II BIRTHPL OF MOTH (State or II THE ABOVE	James ACE JER FOR COUNTRY) Baltin FRACE JER Baltin Gountry) HOSPITAL Gress) Crownsvi	Johnson more, Maryland es? more, Maryland rof MY KNOWLEDGE l Records ille, Maryland	(Sixued) *State the Disease Causing Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents) At place of death yrs. 2 mos. da. State State State The Disease Causing Death, or of Injury Accidental, Suicidal or Homicidal. Where was disease contracted, if not at place of death? Former or usual residence Baltimore City 19 PLACE OF BURIAL OR REMOVAL

TATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No.

St:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	Humber.)

MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Ovember 26th 1929 to January 26th 192 3) (And that death occurred on the date stated above, at 12:20 Pm. (Acute Nephritis
(Duration)yrsmosl_5de.
Contributory Chrinia Interstitial Secondary Dereshor Itis M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
6 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place f death yre 2 mos, da. In the Lifetime ds. Where was disease contracted, not at place of death? Former or sual residence Beltimore Gity, Maryland
s buy Cunt, Bally Jun 29, 1930

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken ," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a without more precise specification as Day For persons who have no occupation single word or term on Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature of the not be

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PLACE OF DEATH	STATE OF MARYLAND
County Q Q	CERTIFICATE OF DEATH
	(185)
Villago or City Amapoli (No. Omergen	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
While White Single, Married, Widowed. White Write the word)	16 DATE OF DEATH July 23, 1980 (Month) (Dsy) (Year)
May 29, 1857 (Month) (Day) (Year)	that I last saw herealive on July 23, 1982
73 yrs. 3 mos. 24 ds. If LESS than I day hrs. or min.?	The state of the s
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Fell from seaffold, while painting house. Contributory Fracture Riles Contributory Fracture Riles
10 NAME OF FATHER TOSEPH H. SCIOULL	(Signed) (Dyration) yrs mos 14 ds (Signed) 1/23 1930 (Address) anna footis my
OF FATHER (State or country) (Q C M/4 12 MAIDEN NAME OF MOTHER Many Elizabelle Hopkens	Violent Causes, state (1) Means of i jury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hoapitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Q. G., Co 9Md	At place of death yrs mos ds. In the State yrs ds Where was disease contracted, if not at place of death?
(Informant) Mes Geo. Jewell	Former or usual residence Cedar Park
(Address) Cedar Park fest 244. 15 Filed Mr 24 19232 France & 22	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Party 26, 1930 20 UNDERTAKER FULLY Yay Lu Clemental
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

07017

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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WRITE

V. S. No. 1

	PLACE OF DEATH	06408 STATE OF MARYLAND
	County 4	CERTIFICATE OF DEATH
	111	Registration Dist. No. 24
	Village or City Sidure (No.	St.: Ward) (If death occurred in
1	2FULL NAME alton Stura	Tolunan tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Gray (Write the word)	16 DATE OF DEATH June 25, 1923 6
	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	may 30 , 1930	
	(Month) / (Day) (Year) 7 AGE Ilf LESS than	that 1 last saw halive on
	I dayhrs.	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	A
	(a) Trade, profession or particular kind of work	yuarasmus
	(b) General nature of industry business, or establishment in	Duration) yre mos 20 de
	which employed or (employer)	Contributory The Description was a description of the Description of t
	9 BIRTHPLACE (State or country) Sidure a. G. Co.	Secondary (Durstion) yrs mos ds
	10 NAME OF Halter Tolung	(Signed) John W anderson J. acting as Corre
	u 11 BIRTHPLACE	Jule 2619230 (Address) lamapolis, W.D.
	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) (C. C. C	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER many aller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER OF MOTHER OF CONTENTS OF CONTE	At place In the of deathyrsmosds. Stateyrsmosds
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
	D. Gran allen	Former or usual residence
	(Informant) (Address) Shidum My.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	15 FT Trans 26 1000 Frank C. F. 6 90	20 UNDERTAKER ADDRESS
	Registrar	2. N.13. Paspi humafis
	If more bianks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housetired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a without more precise specification as Day single word or term on (6) Grocery;

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> approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ", Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory affection need not valvular heart disease; Nomenclature of the

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rLY, PHYSI- sifled. Exact	Village or City amalida (No. 215	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24 (If death occurred is
TEORD ated EXACTL operly classifi	2FULL NAME Brotha Beatric	Lohnson a hospital or institution, giva its NAME is stead of street an number.)
BINDING PERMANENT should be st t it may be pr	PERSONAL AND STATISTICAL PARTICULARS 3 SEX. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month), (July (Year)
ESERVED FO INKTHIS IS ully supplied. A plain terms so nt. See instruc	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at Silling in The CAUSE OF DEATH * was as follows: Cluster Cause of Death * (Durstion) yrs. mos. do
WITH UNFADIN ation should be car cause of DEATH	9 BIRTHPLACE (State or country) and afrolis Ind 10 NAME OF FATHER Baac Johnson 11 BIRTHPLACE OF FATHER (State or country) and afrolis Ind 12 MAIDEN NAME OF MOTHER ASSET OF MOTHER OTHER OF MOTHER OTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER	Contributory Secondary (Signed) (Dufation) (Signed) (Address) (Dufation) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents)
WRITE NINLY CIANS should state statement of occupa	13 BIRTHPLACE OF MOTHER (State or Country) Malerbury And 14 THE ABOVE IS TRUE TO THE BEST OF MY CHOWLEDGE (Informant) Chilla Struson (Address) Struson (Address) Struson 15 Filed Act 3 1923 2 Layle C Argus Marketing	At place of death yrs
	Rygistrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

De anderson.

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tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Loy loborer, Farm loborer, Laborer—Cool mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken whatever, write None. Housemaid, etc. If the oecupation has been changed to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebros panal fever (the only definite synonym is "Epidemic ecrebros spinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. inges, perilonaeum, etc., Careinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underean be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronie volvular heart disease; etc. The contributory Measles ;

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CORD

B.-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING ¥ MARGIN RESERVED FOR WITH UNFADING INK--THIS IS

V. S. No.

ż

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City amafioliono. Omer 2FUIL NAME Charles Oliver	Johnson (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Moath) (Day) (Year)	
7 AGE	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Lewis & Automobe Accident (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Robertson Held (10 NAME OF FATHER John Hohnson	Contributory Secondary (Duration) (Signed Annual Contributory (Signed Annual Contributory (Address) Annual Contributory (Address) Annual Contributory (Address) Annual Contributory (Address) Annual Contributory (Signed Contributory (Address) Annual Contributory (Signed Contributory (Address) Annual Contributory (Address) Annual Contributory (Signed Contributor
OF FATHER (State or country) 12 MAIDEN NAME (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CAPPE FORM 13 BIRTHPLACE OF MOTHER (State or Country) Farmion Mid	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) John H Johnson	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) PO. Carty Leght Filed Foliage 19230 frage e. fra not Registrar	John NECK (Eml - 9/9, 195) 20 UNDERTAKER ADDRESS 47 Washington

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, or Al Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death lelonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Traemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

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CORD	EXACTLY, rly classified ifficate.
A PERMANENT	AGE should be stated that It may be proper tions on back of certi
WRITE MINLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, F CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate.
U	of o
WRITE	BEvery Item CIANS sho statement
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1PLACE OF DEATH	0120 STATE OF MARYLAND
County (A. C.)	© CERTIFICATE OF DEATH
1 C di a	Registration Dist. No. 21
Village or City M. Co.? // F.	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1923 (Mooth) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jun 14 1930	192, to, 192,
(Month) (Day) (Year)	that I last saw halive on
7 AGE	and that death occurred on the date stated above, atm,
tilfe mos. de or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	JAH Jan
(a) Trade, profession or particular kind of work	Allo Il. as Cares
(b) General nature of industry	1 2 2
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) (C C C C C C C C C C C C C C C C C C	Contributory Secondary
10 NAME OF FATHER CLASS CALL COLLEGE	(Signed) The M. D.
M 11 BIRTHPLACE	Man 19320 (Address) Menn 12
(State or country) (1, G. Ca. Mil	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meaos of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER Soldie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER GGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	At place In the State yrs mos ds.
(State or Country) (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
1) Sold: Cash	Former or usual residence
(Informant) (du (Address) In. am of is	Buy Hill Cent. Jam 16, 1990
15 Filed fun 16 1923 a frança e for y has	20 UN DESTAKER OF PART 34 Northust
Registrar	Opas - Tupo to Dennapols
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physicum, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiby Committee on or intercurrent) Chronic affection need not be etc. The contributory valvular heart Nomenclature Measles; disease;

STATE OF MARYLAND ГН

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Registration	Dist.	No.	20
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PLACE OF DEATH County Grandel	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Prewrys (No	St.: Ward) Ohard St.: Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH April 193	16 DATE OF DEATH July (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the deceased from the company of the comp
7 AGE Month (Day) (Year)	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Classical Duration) yrs mos (Duration) yrs mos mos (Duration) yrs mos mos mos mos mos mos mos mos mos mo
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(State or country) (State or country) (Address) (Address) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL LANGUAGE Alexandra July 10, 1931
Filed July 10th 30 M. Caylor Registra	20 UNDERTAKER SALVET SENTENSS.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PERMANENT BINDING FOR WITH UNFADING INK---THIS MARGIN RESERVED

7. S. No. 1

(Approved by U. S. Census and American Public Health Association.).

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Spinner, (b) Cotton mill; (a) Salesman. sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, taborer, Farm teborer, nanorer—commence, etc. the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Real-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (rewhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed " etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm leborer, Laborer—Coal mine, etc Wom-(b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation (3) Grovery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," shows pneumonia. Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcona,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping diseases resulting from childbirth or miscarriage as "Exhaustion," as fracture of skull, and consequences (e.g., sepsis, tetunus) may be stated under the head of "contributory." carbolic acid-probably survide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valendar heart disease; Always qualify all not be

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TAGE STATE If LESS than day hrs. mos. ds. or min.	V , 1	152 Alay 2 2 2 1
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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ro. I. St. St.	15 Filedry & 3 19236 James Aleny	20 UNDERTAKER ADDRESS 1635 Madia
	If more branks are needed, address State Regist	ray, 16 W. Saratoga St., Balto., Requesting V. S. Ro. 1. 14 Proj

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Hame, and children, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) .Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective of report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, As examples: (a) 6) (irocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthleria (avoid use of "Crup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. American Medical Association. approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report merc symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid Chronic valvular heart discuse; Example: Measles (disease etc. The contributory Nomenclature

PLACE OF DEATH	0131 STATE OF MARYLAND
County Long La in the	(78) CERTIFICATE OF DEATH
	Registration Dist. No.
1 1 1 2 2 Bath	W
Village or City Smaphis (No. 26 h 1th	Ward) a (If death occurred in a hospital or institu-
man Bredle boton	tion, give its NAME is - stead of street and number.)
2FULL NAME Wellyn film	numor.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
WIDOWED. OR DIVORCED	130
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	
\$ 126- 19, 1965	
(Month) (Day) (Year)	that I last saw halive on
7 AGE	and that death occurred on the date stated above, at
24 yrs. (mos. A de. or min.?	The CAUSE OF DEATH of was as follows:
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duration)yrsmosds.
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	Duration yis mosds.
FATHER JAIN OF TIMES	(Signed) M. D.
M 11 BIRTHPLACE	1990 (Address) Com 15 600 h
OF FATHER Z (State or country)	** tate the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAME	
a of MOTHER martha strice	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place in the
(State or Country) Amalastia me	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(1) A of Johns	Former or usual residence
(Informant) () now have	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 26 Protes Vast st	Bull 21:00 rent Jan 20 1930
15 7 15 2 16 2 17	20 UNDERTAKERS APPRESS THE
Filed Jun 19 19230 pay a C. Registra	that of who to 34 nounds
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
if more blanks are needed, addregs trate Registral	, to he balatoga bely ballout requirement to be the

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Stationary fireman, etc. Automobile factory. The material But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE (*VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospanul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "E:haustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Hacmorrhage," atic), stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonihis, causing use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always quality all tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Chronic valvular heart disease; etc. The contributory affection need Nomenclature not be

MARGIN	WRITE ININLY, WITH UNFADI	on should be ca
	MINLY,	of informatic
. % No. 1	WRITE	1. BEvery item of information should be ca
		-

	PLACE OF DEATH County A	STATE OF MARYLAND CERTIFICATE OF DEATH
Tours.	Village or City West Person. 2FULL NAME Jarry Jar	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D WOB	Male Colored (Write the word)	16 DATE OF DEATH FELY 8 , 19200. (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	7 AGE If LESS than day hrs. or min.?	
1	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Valralar heartswardesegge mos de.
	9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Contributory Secondar
	FATHER COMP Terro	(Signed) 192 (Address) Dep Markly
	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER A while Four	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country). May and	At place of death
	(Informant) Mallie Johnson (Address): Will Huns Md	Where was diaease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Agranal Arms Constant Field & 19 10 10 10 10 10 10 10 10 10 10 10 10 10
	Filed feb 9th 1930 DA Clay tor.	20 UNDERTAKER Tallow Whites
11	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House-Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. eupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oclaborer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. -Coal mine, etc. Wom-(b) The ques-Grocery,

Statement of Cause of Death—Name, first, the presence causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; l'oisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septiaucmia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fructure of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association. Recommendations on statement of cause of (clanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(secondar or intercurrent) affection need not be Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory

County (f. U!	CERTIFICATE OF DEATH
Village or City Weemes Breek (No	Registration Dist. No.
2 FULL NAME GEORGE Bens	anum foliusom a hospital or institution, give its NAME II stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Wilder With the word)	16 DATE OF DEATH 22, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Hicknown 1	, 192, 192, 192
(Month) (Day) (Year	that I last saw halive on, 192
7 AGE If LESS th	
about 62 yrs. mos. ds. or min	
(a) Trade, profession or Walerman	Accidental Drowning
particular kind of work	
business, or establishment in Mule on Police Boat which employed or (employer) Mule on Police Boat	(Duretion) yrs mod ds
which employed or (employer) yate out of the	Contributory
9 BIRTHPLACE (State or country) Unnapolis My	Secondary (Durstion) yrs
10 NAME OF William Bery Johnson	(Signed our MH of har foliphens)
II BIRTHPLACE OF FATHER	VI
(State or country) (mapsty Md.	"State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary & Smith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country) Charaful Md	At place In the State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of des.h?
	Former or usual residence
(Address) Chrispolis With	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Cedar Blott Cent Grant 1.36
15 21 32 2 10 8	T 20 UN DERTAKER ADDRESS
Filed Jun 24 1923 D frag (C. Registrar	John Uf. Jay in Mucholis
If more blanks are needed, address thate Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of nner, (b) Cotton mill; (a) Salesman, (b) Grocery;
Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory

Villag

07614

STATE OF MARYLAND CERTIFICATE OF DEATH

74a)	
The same of	

Registration Dist, No.

e oi	City	Grownswille Maland	1

St.: Ward)

(If death occurred in a hospital or institu-tion, give Its NAME in-

ADDRESS

F	PERSONAL AND	STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex Mal		OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCE SINGLE (Write the word)	July 4th 1930 , 192
6 DATE	E OF BIRTH	Unknow (Month)	(Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from October 14th1927 to July 3rd 1930 192 that I last saw him _alive on _July 3rd 1930 192
7 AGE	JPATION rade, profession or		lf LESS thar I dayhrs.ormin.;	The CAUSE OF DEATH * was as follows:
busing which	eneral nature of in ess, or establishmen n employed or (emp HPLACE tate or country)	nt in		Contributory Secondary
10	NAME OF FATHER TO	arylen hnson nknown		(Signed) Suly 4th 930 (Address) Crownsville, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12	MAIDEN NAME OF MOTHER		ia Chase	Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents)
13	BIRTHPLACE OF MOTHER (State or Country)	Unkn	own	At place of deathyrs9mosTO_dsStateyrsmosds. Where was disease contracted,
6	nformant) Hosp	ital R	ecords	Former or usual residence

20 UNDERTAKER

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1

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15 Filed



21.11

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housewaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of ployed. as Al school, or Al home. Care should be taken wark, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Fareman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many or At Hame, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Caul mine, etc. Wom-(b) Cattan mill; (a) Salesman. without more precise specification as Day For persons who have no occupation not gainfully em-(b) persons en-Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumania, Branchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbalic acid-prabably suicide. The n ture of the injury, accident; Revalver wound of head-homicide; Poisaned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapneumonia (secondary), stated unless important. (secondar, or intercurrent) affection need not be Whooping cough; Chronic Chranic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcama, etc., of unqualified, is indefinite); Tuberculasis af lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drawning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid Example: Measles (disease valvular heart disease; etc. The contributory

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly elassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BINDING A FOR UNFADING INK--THIS RESERVED MARGIN

WRITE

PLACE OF DEATH Anne Arundel County

08906

STATE OF MARYLAND CERTIFICATE OF DEATH

				Registration Dist. No.
Villa	age or City	Crownsville	State	
	² FULL NAME	Henry A. J.	ohhson	number.)
	PERSONAL AND STA	TISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
3 SI	ale black	RACE SINGLE, WIQ (MARRIED, WIDOWED, OR DIVORCED (Write the word)	owed	August 6th , 192.30
6 D	ATE OF BIRTH	nknown	1 850	March 18th 192 30 to August 6th 19230
7 A	GE		(Year) LESS than day hrs.	that I last saw h im alive on August 6th, 19230 and that death occurred on the date stated above, at 4:20 A. m. The CAUSE OF DEATH * was as follows: General Arteriosclerosis
(b bu) Trade, profession or uticular kind of work	y		(Duration) Unknown de. Contributory Secondary
	10 NAME OF FATHER	Maryland Unknown		(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M.D. Aug. 6)92.30 (Address) Crownsville, Md
RENTS	OF FATHER (State or country) 12 MAIDEN NAME	Unknown	7.10	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAF	OF MOTHER 13 BIRTHPLACE OF MOTHER	Unknown Unknown		IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs. 4mos. 19ds. In the State
14 T	(State or Country) THE ABOVE IS TRUE TO THE		GE	Where was disease contracted, if not at place of death?
	(Informant) Hospi	tel Records		Former or usual residence Montgomery County, Maryland 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1, 19 30
15	8/1/24 /	DE STORY OF THE		20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1,

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Sermant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know business, that fact may be indicated thus; Furner (reto report ployed as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Luborer-Coul mine, etc. Wom-(b) Cotton mill; (o) Salesman. without more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: ("crebrosphal fever "the only definite synonym is "lipidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telemus) may be stated under the head of "contributory." "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perdonitis," etc. cun be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin taken. FOR VIOLENT DEATHS state MEANS OF INJURY tions, such as "Asthenia," "Anaemia" (merely symptom (secondar/ or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid by Committee on Nomenclature valvular heart disease; etc. The contributory not be

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PLACE OF DEATH	12137 STATE OF MARYLAND
County (L 4'	CERTIFICATE OF DEATH
6 - 4 1106	Registration Dist. No.
	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Lolor or RACE Single, Married, Married Wilowed. OR DIVORCED (Write the word)	16 DATE OF DEATH (0 - / 7 , 19230 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1 900 (Year)	thet I lest saw h Calive on Oct 1 1925
7 AGE [If LESS than	
30 yrs. — mos. 7 ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Juberralous
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs / mos ds
9 BIRTHPLACE (State or country) Q. Q. Co. Wyd.	Contributory Secondary Duration To yrs And de
10 NAME OF John Touglas	(Signed) M. D. M.
OF FATHER (State or country) Q. Q. Co. Myd	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
of MOTHER Clayable Strickner	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Q. Q. Q. Q. Lyd.	At plece In the of deeth yrs mos ds. State yrs de
(Information of the Best of MY KNOWLEDGE	Where wes disease contracted, if not at place of dee.h? Former or usuel residence
(Informant) Thankl when are 468 Eastern are 9.6 Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File Det 18 1923 de La Come au	20 ON DERTAKER Jacker Consentation
	r/16 W. Saratoga St., Belto., Requesting V. S. No. 1.
	aga

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of definite salary), may be entered as Housewife, Housenature of the husiness or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. (a) the kind of work and also (b) the But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Chronic interstitial nephritis, (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature of the not

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5	A	IE	OF	MAK	YLAND
CE	RT	IFI	CAT	E OF	DEATH

Registration	Dist.	No.	20
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2FULL NAME Ida Jametto	St.: Ward) St.: Ward) Control of the second of the sec
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 103 8 (Month) (Day) (Year)
6 DATE OF BIRTH Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1988 to May 12 1979 that I last saw her alive on May 10 1979
7 AGE [IfLESS than	and that death occurred on the date stated above, at (05) Pm The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 2 mos ds Contributory Secondary
(State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) (Duration) yrs

(State or Country) THE BEST OF MY KNOWLEDGE

(Informant)

15 Filed 20 UNDERTAKER

OF BURIAL OR REMOVAL

Where was disease contracted, if not at place of death?.....

Former or usual residence

Registrar

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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piled. ACE should be stated EXACTLY, Prems so that it may be properly classified. Instructions on back of certificate.

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Should I very

of information

Every item of information CIANS should state CAUS statement of OCCUPATION

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County

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. loborer, Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foremon, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis'); Diphlleria avoid use of 'Croup'); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Agc," "Shock," American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicacnia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease causing (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic Corcinoma, Sorcoma, etc. The valvulor heart disease, contributory not be

--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD IS A PERMANENT MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS

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V. S. No. 1

PLA	CE	OF	DEATH	
ounty	Ar	ne	Arundel	

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vi		Solley		St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 !	male	4 COLOR OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	d June (Month)	
6	DATE OF BIR	Unkn	, 1	17 I HEREBY CERTIFY, That I at	, 192,
8 () () b	a) Trade, proporticular kin b) General nousiness, or ewhich employ	ofession or d lal ature of industry stablishment in ed or (employer)	mosds. If LESS than dayhrs. ormin.?	The CAUSE OF DEATH * was as follows: Cerebral hæmorrhage (Duration)	
ENTS		Md unknow	'n	(Signed) (Address) (Signed) (Address) (Signed) (Address) (Address) (State the Disesse Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal,	or, In deaths from
PAR	12 MAIDEN OF MOTH 13 BIRTHPI OF MOTH (State of	HER #		18 LENGTH OF RESIDENCE (For Hospicents or Recent Residents) At place of death yrs	teds.
14	(Informant	Richard Solle	r of MY KNOWLEDGE F. Phelps y. Md. Registrar	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Solley, Md. 2D UNDERTAKER Richard F. Phelps	June I, 19 3 () Address Solley, Md.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Or Farm laborer, Laborer-Coal mine, etc. yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, At Home, and children, without more precise specification as Day not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, causing death), 29 ds.; L. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death can be ascertained as the cause. Chronic interstitial nephritis, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; 'Congenital," "Senile," etc.), "Dropsy, Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular heart disease; Nomenclature Always qualify all not be

301	1PLACE	OF DE	ATH
Ľ.	County	Anne	Arundel



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist	. No	21	
t.:	Ward) -	(If death	occurred	I

ADDRESS

Village	or	City	Crownsville.	State	Hospital
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S

	² FULL NAME.		Mamie	Johnson	tion, give its NAME is stead of street an number.)
	PERSONAL AND	STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		or race	SSINGLE, MARRIED, WIDOWED OR DIVOR (Write the	CED	August 12th , 192 3
6 DA	TE OF BIRTH	Unknowi (Month)	n (Day		that I last saw h er alive on August 12, 192.36
7 AGI	7 SUB	. unka	aown	I day hrs.	and that death occurred on the date stated above, at 4:30P memory of the CAUSE OF DEATH * was as follows: Exhaustion due to mental disease
(b) bus whi	Trade, profession or ticular kind of work. General nature of in- iness, or establishmen ich employed or (employed or (state or country) O NAME OF	dustry at in loyer)	Housel yland	keeper	Contributors Chronic Arthritis Secondary (Direction) (Direction) (Direction) (Direction) (Direction) (Direction) (Direction) (Direction) (Direction)
A L	FATHER I BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME	Oscar Mary		ner, dead	*State the Disesse Csusing Desth, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER 3 BIRTHPLACE OF MOTHER (State or Country)	HER Lizzie Harris LACE HER Maryland			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos 15 ds. In the State Lifetime de State State Lifetime
	(Informant) Hos	pital I	Records	B	Former or usual residence Beltimore City, Maryland 19 PLACE OF BURIAL OR REMOVAL Date OF BURIAL Date OF BURIAL Caugle, 1932

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. additional line is provided for the latter statement; it fulness of various pursuits can be known. gaged in domestic service for wages, as Norvant, Cook, Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesto report specifically the occupations of persons ennature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Sulesman. Compositor, For persons (b) Automobile factory. The material mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many who have no occupation (3) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: (*erebröspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) letunus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomencluture Recommendations on statement of cause of death as fracture of skull, carbolic acid - probably suncide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Meusles (disease (secondar: or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; ('hronic valvular heart and consequences (e.g., sepsis, etc. The contributory disease, not be

V. S. No. 1

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PLACE OF DEATH	0122 STATE OF MARYLAND
County Chure amudel	(g) CERTIFICATE OF DEATH
Arabe bons	Registration Dist. No.
Village or City (No. 2FULL NAME Mary Sillen	Polius (If death occurred in a hospitul or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH DOLL 30
WIDOVED. OR SITORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH ahre 14.192	17 1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) Year)	that I last saw har alive on the day of 100,
	and that death occurred on the date stated above, atm.
7 yrs. 8 mos. 14 ds. or min.	The CAUSE Of DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Mittal flegung total
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) fyrs, mos 4 de.
9 BIRTHPLACE (State or country) for my	Contributor lake W Miles
10 NAME OF FATHER!	(Signed) (Signed) (Signed) (M. B.
IN 11 B(RTHPLACE	130 194 (Address) Muse from he
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHERSIE FULLY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER OSTATE STATE OF COUNTY SELECTION SEASON	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant) Charane Johnson	Former or usual residence
(Address) Waleston	place of Burial Or Emoval Date of Burial
15 Filed 8/ 1990 (Cegistra)	H. J. Williams Hon water brung
If more bianks are needed, address state Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cools, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, worked on may form part of the second statement. nature of the business or industry, and therefore an Physician, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, who are engaged in the duties of the For persons who have no occupation -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traindiseases (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Chronicetc. valvular heart Nomenclature The contributory not be

V. S. No. 1

	PLACE OF DEATH	0123 STATE OF MARYLAND CERTIFICATE OF DEATH
	6 O/	Registration Dist. No. 24
certificate	Village or City Grows Atrodo. 2FULL NAME Perse John	St: Ward) (If death occurred In a hospital or institution, give its NAME in stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Turul CC SINGLE, MARRIED MUDOWED. OR DIVORCED (Write the word)	Month) (Day) (Year)
ons on b	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 , 19
instructi	7 AGE 4 yrs. 2 mos. 2 ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at D
ortant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Cause unknown
	which employed or (employer) BIRTHPLACE (State or country) G. Co. Will	Contributory Executive (Duration) yrs. mos. ds.
	10 NAME OF FATHER Hun Hunt	(Signed) Plus W. Rosdesson J. P. acting as Control
NO	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Pene Hunt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OCCUPA	OF MOTHER (State or Country) a factor Co , had	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted,
0	(Informant) Hilliam House	if not at place of death?
statement	(Address) Browns Hords	Brood hur Curt, Jan 21, 1936
9	Filedren 20 1980 fragh C fra like	S. N. B. Parker Cumples
	If more blanks are needed, addre. State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, to know (a) the kind of work and also (b) the Or. For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) sman, (b) Automobile factory. The At Home, without more precise specification as Day For persons who have no occupation and children, Laborer-Coal mine, etc. not gainfully emengineer, material Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart Measles; disease

V. S. No. 1

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PLACE OF DEATH

County Anne Arundel

07615

STATE OF MARYLAND CERTIFICATE OF DEATH

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100	-001	
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Village or City Crownsvi	lle (No.21e Hospita William Johnson	tion, give its NAME in-
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Male black	SSINGLE, MARRIED, MS Tried WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH JULY 23rd , 19230
6 DATE OF BIRTH Unkn. (Month	OWY. , 1 897) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from June 7th 1920 to July 33nd 192 gc that I last saw him alive on July 43rd 192.30
7 AGE 33 yrs. unk	If LESS than I day hrs. or min.?	
(State or country)	gia	Contributory Secondary Secondary Marston To The Mar
10 NAME OF FATHER Anders	gia son Johnson	(Signed) 192 3QAddress) Gransville, Md
OF FATHER (State or country) Ge O rg	gia (Unknown)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	gia	At place of death yrs mos 6 ds. In the State 7 yrs mos ds.
(Informant)	r of MY KNOWLEDGE (al Records) wille, gar/land. Registrar	if not at place of death?
If more branks are		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) whatever, write None. busine, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat name, etc. wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). without more precise specification as Day For persons (a) the kind of work and also (b) the who have no occupation not gainfully em-(b) persons en-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever 'the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondar, "Atrophy" "Collapse." "Coma," "Convulsions, .. name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The contributory

V. S. No. 1

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1	1	d. Exact
3)	CORD	ed EXACTLY erly classifier rtificate.
BINDING	WRITE LINLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FOR	IS A	So thair
MARGIN RESERVED FOR BINDING	NG INKTHIS	refully supplied in plain terms rtant. See insti
MARGIN	ITH UNFADI	SE OF DEATH
1	INLY, W	information state CAU
H.	WRITE	Every item of CIANS should statement of O

PLACE OF DEATH County A. A. Eastport Village or City Homewood (No. State	ıns					
Eastport Village or City Homewood (No. State _	ıns					
	ıns					
PERSONAL AND STATISTICAL PARTICULARS						
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) Sing	le					
6 DATE OF BIRTH						
Febuary 4 , 1191 (Month) (Day) (Yea	30 r)					
7 AGE If LESS t 1 day 1	hrs.					
(a) Trade, profession or NONE particular kind of work NONE (b) General nature of industry business, or establishment in which employed or (employer)						
9 BIRTHPLACE (State or country) Eastport A.A. Co. Md.						
o NAME OF FATHER Alexander Johnson 11 BIRTHPLACE						
OF FATHER Z (State or country) Annapolis Md. 2 12 MAIDEN NAME	_					
of MOTHER Anna Linderman						
13 BIRTHPLACE OF MOTHER (State of Country) Baltimore Md.						
4 THE ADOVE IS TRUE TO THE BEST OF MY KNOWLEDGE						
(Informant) Alexander Johnson						
(Address) Eastport A.A. Co. Md.						

02555

STATE OF MARYLAND CERTIFICATE OF DEATH



Pagistration Dist No

	/16 don

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) St.: Ward)

MEDICAL CERTIFICATE OF DEATH

	16 DATE OF DEATH 3-19, 1930
4	(Month) (Day) (Year)
-	17 I HEREBY CERTIFY, That I attended the deceased from
ì	Was Note in allendance 192
)	
	that I last saw halive on, 192,
1	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was an follows:
5	I found the child dead on 1st
-	west with a bistory of congling feel
	and the same of th
	which from time to time make the
	bolog there bleel
١	(Duration) yrs, mos de,
	Contributory
	Secondary
	(Duration) vis de
-	1 = 7 1
	(Signed) M. D.
-	
- 1	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
-	ients or Recent Residents)
	At place of deathyrsmosds, Stateyrsmosds,
	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1	
	St. Annes Cemetery Mar. 19 , 1930
	20 UNDERTAKER ADDRESS
-	John M. Taylor
-	John W. Taylor Annanolia M.

If more branks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, who are engaged in the dutics of the For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by cough; Committee on Nomenclature Chronic valvular heart etc. The contributory not be

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CERTIFICATE OF DEAT	
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ADDRESS

	STATE OF MARYLAND
7	CERTIFICATE OF DEATH
0	Registration Dist. No. 23

County A. A. Co.,	CERTIFICA	TE OF DEATH
Village or City N. Linthicum (No	St: Wa	rd) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATI	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH August 22 (Month)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I	
Aug. 22 , ,1930 (Year)	that I last saw h	
TAGE Stillborn yrsmosds. If LESS than I dayhrs. ormin.?	and that death occurred on the date that The CAUSE OF DEATH * was as follows:	red above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Stillborn Infant.	
9 BIRTHPLACE (State or country) orth Linthicum, Md.	Contributory Secondary (Duration)	yrede.
father Elmer Johnson	(Signed) 192 (Address) Glen	excule MD.
OF FATHER (State or country) North Dakota	*State the Distance Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	h. or. in deaths from
of Mother Nellie Johnson	18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Minnesota		he tateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
(Informant) Mrs. Wellie Johnson	Former or usual residence	***************************************
(Address) North Linthicum	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

19239 James H. Croggan Filed Aug. 27

PLACE OF DEATH

classified.

properly class of certificate

in terms so that it may be See Instructions on back

supplied

of information should be carefully uid state CAUSE OF DEATH in plai

Every Item of Information s CIANS should state CAUSE statement of OCCUPATION

is very important.

PERMANEN BINDING

FOR

MARGIN RESERVED

If more brenks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

V. S. No. 1

WRITE

fent out for segueture

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more presented mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a whatever, write Nonc. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT DAY

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PLACE OF DEATH	01316 STATE OF MARYLAND
County A C	CERTIFICATE OF DEATH
	Registration Dist. No. 24
Village or City Twe Ma (No.	St.: Ward) a hospital or institu
	tion sine ite NARAS is
2FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH 3/ 27 , 1927
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw his alive on Duly 15/37, 1937
	and that death occurred on the date stated above, at 5 0 m
l dayhrs.	The CAUSE OF DEATH was as follows:
yrsmosds. ormin.?	Stulf
(a) Trade, profession or	
business, or establishment in	(Duration)yrsmosds
	Contributory
(State or country) be b. Co. Will	(Durstian) yrs. mos. ds
10 NAME OF FATHER DES - When	(Signed) M.D
U) 11 BIRTHPLACE	19th (Address)
Z (State or country) a 4 . Co. his	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Salli Corrolf	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos ds
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL
0 0 5	O UNDERTAKER ADDRESS
Filed 28 1923) Jan GC. For a la	H. H. Carrolf mus Ha
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	Village or City The Manager of City The State of Mother

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a laborer, Housemaid, etc. If the occupation has been changed Foreman, or At Home, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, For persons who have no occupation 6 Automobile factory. The material and children, not gainfully em-6) Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age, "Snock," Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock, cough; Committee on Chronic etc. The contributory affection need valvular Nomenclature of the Always qualify all heart not be disease;

is very important.

CIANS should statement of OC

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	0	NENT (The state of

PLACE OF DEATH

14209

STATE OF MARYLAND

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						Res	gistration D	Dist. No	21
Vi	llage or City				ital	St:	Ward)	a hospital	oceurred in or institu- its NAME in- street and
-	PERSONAL AN	ND STATIST	CAL PARTIC	CULARS	ME	DICAL CERTI	FICATE O	F DEATH	
	nale bla	OR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the wo			vember 30			
6	DATE OF BIRTH	unknown	(Day)	, 1.887	May 31s	t 192 3C	That I atte	ember	30, 19230
	AGE43	yrs. unkn	or i	If LESS than I day hrs. or min.?			follows:		
(E	a) Trade, profession particular kind of wo b) General nature of business, or establishr which employed or (er	ork NON industry nent in				(Dur		cnown	mosds.
9 8	State or country)	Vir	ginia		Contributory Secondary		ration U.T.	knøwn	
	FATHER	Unknown			(Signed)				3 M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Unkno	wn		*State the	192.30(Address) e Discase Causi s, state (1) Me cidal or Homicidal.	ng Death,	or in de	aths from
PAR	12 MAIDEN NAME OF MOTHER	Unkno	wn		18 LENGTH OF	RESIDENCE (I	For Hospita	als, Institu	tions, Trans
	13 BIRTHPLACE OF MOTHER (State or Country)	Unkno	wn		At place of deathyrs		In the State	Unkno).WMds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Hospital Records (Informant)

(Address)

Crownsville, Maryland

Baltimore

Where was disease contracted, if not at place of death?.....

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to the northesame disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicuennia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences 'e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY "Atrophy;" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi name origin; "Cancer" is less definite; avoid Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Village or City Tokard (No	State OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. State Ward) a hospital or institu-
2 FULL NAME Chiza Jones	tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JEMI, Color OR RACE 5 SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH 2 — 14 — , 1930 (Month) (Day) (Year)
6 DATE OF BIRTH March 12, 1874 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 9-27-1929 to 2-14-30, 1920, that I last saw here alive on 2-14-30, 192
7 AGE Syrs. mos. ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Farenchymalous le phrilie
business, or establishment in which employed or (employer)	(Duration) yrs. Af mos. 2 de.
9 BIRTHPLACE (State or country) HEST RIVER Q-Q-CO-	Contributory Secondary (Duraijan) yrs
10 NAME OF Gharles I Groff 11 BIRTHPLACE	(Signed) (1 / Malorely M. D. 2-16-18D (Address) & 5 Calouff
OF FATHER (State or country) WEST GVEY 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 17 MAIDEN NAME 18 MAI	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) William	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Cerminah Jones.	Former or usual readence
(Address) R.J. D. R-2, 18 ox 36	Howelers Chapel Com 2, 19, 1931
Filed 1/6 1923 9 Filed C. Free Sterrar	20 UNDERTAKER OF Son Agoress Washington
If more blanks are needed, addre.s State Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Campositor, Architect, Lacamative engineer, Civil engineer, Stationary fireman, etc. But in many household only (not paid Hausekeepers who receive a definite salary), may be entered as Housewife, Hausewark, or At Hame, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Hausemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchapneumonia ("Pneumonia,")

> stited unless important. Example: Measles (disease "PUERPERAL septicacmia," "PUERPERAL peritonitis, "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary) (secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-prabably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whoaping approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, caugh; or intercurrent) Chranic Carcinoma, Sarcama, etc., of etc. The contributory valvular heart disease; affection need not be Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(150 P)

08480

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If more b.anks are needed addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

St.: Ward)

MEDICAL CERTIFICATE OF DEATH

(If death occurred in o hospital or institution, give its NAME is stead of street and number.)

may be properly classified in back of certificate. te i hould be carefully supplied.

CF DEATH in plain terms so that it in CF DEATH in See instructions on Every item of information Clans should etate CAUSI statement of OCCUPATION

BINDING

RESERVED

MARGIN

	2FULL NAME Velou Jours	
	PERSONAL AND STATISTICAL PARTICULARS	-
3 \$	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWES OR DIVORCED (Write the word)	16
8 0	OATE OF BIRTH (Month) (Day) (Yesr)	1
7 A	If LESS than	ar
p ()	occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	
9 8	(State or country) Mary and	
	ID NAME OF Grand forces	(S
RENTS	11 BIRTHPLACE OF FATHER (State or country) Mary laced 12 MAIDEN NAME ()	
PA	13 BIRTHPLACE OF MOTHER (State of Country) Were forced	A of
cut-	(Informant) Face New Knowledge (Address) Face New Keel	Fe us
15	Filed 7/26 1930 M. Claytori	2

16 DATE OF DEATH	Lules	26	10030
	(Month)	(Day)	(Y62930
17 I HEREBY CERT	Try, That I ot	tended the dec	eased from
that I last saw h La alive	on	1 26	., 1923
and that death occurred on The CAUSE OF DEATH * w		d above, at	
The CAUSE OF DEATH * W	as as follows:		
Carlo	Dilat	alery,	
***************************************		*.*	*****************
	(Duration)	yramo	sds.
Contributory Secondary			
	(Duration)	mc	sds.
(Signed)	iress) Wal	Leave	M. D.
*State the I is ase Violent Causes, state (1 Accidental, Suicidal or Hom	Causing Desth,) Means of Indicated.	or, in death	hs frem Whether
18 LENGTH OF RESIDEN		tals, Institution	ons, Trans-
At place of deathyrsmos	ds. In the	teyrs	mosds.
Where was disease contracted, if not at place of doa.h?			
Former or usual residence		•••••••••••••••••••••••••••••••••••••••	
19 PLACE OF BURIAL OR	REMOVAL	DATE OF	BURIAL
trecedole	To eles	1/26	, 1970
20 UNDERTAKER		ADDRESS	

V S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed tion applies to each and every person, irrespective of Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material For persons who have no occupation Locomotive engineer,

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approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septieacmia," "PUERPERAL perilonitis, can be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Example: Measles (disease Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERV	WRITE PY NLY, WITH UNFADING INK-	N. B Every Item of information should be carefully sui
C. S. No. 1	WRITE	BEvery Item
	3.	Z

PLACE OF DEATH	STATE OF MARYLAND
County U. C.	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City (No	Schuld of Schuld of death occurred in a heapital cr institution, give its NAME Irstond of street and
2FULL NAME Legeral Jose	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 (I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH Not known; 1	1930 to 6 18 , 19430 that I last saw h421 alive on 6 - 18 , 1984
(Month) (Day) (Year)	and that death occured on the date stated above, at 940 a.m.
7 AGE If LESS than I day hrs. hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	State menger
O(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yis mos 4 ds.
9 BIRTHPLACE (State or country) Not . Known	Secondary Duretion) yrs mos de.
10 NAME OF //	(Signed)
OF FATHER (State or country)	*State the Discase Causing leath, or, in deaths from Violent Caus a, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME //	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant)/ Elevelo Med H of Correction (Address) Jessef Med.	19 PLACE OF BURIAGOR RENCYAL DATE OF BURIAL Cidan Hill Cac. My June 20, 193.0
15 Filed June 19 1980 Clara In Hashy Registra	John J Fagy & Ron. 1818 Light st
If more blanks are needed, address State Registra	r, 15 W. Saraloga St. Bako., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

accident; Revolver wound of head-hamicide; Poisoned by "PUERPERAL seplicacmia," "PUERPERAL perilonitis," "(Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage causing inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Chronic interstitiul nephrilis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondar;), Chronic etc. The contributory vulrular heart disease; Nomenclature of the " "Convulsions, " ctc.

If this certificate is looked over thoroughly and all quastions answered in derail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.



County	LACE OF DEATH	02556 STATE OF MARYLAND CERTIFICATE OF DEATH
1	h :	Registration Dist. No.
Village o	or City Down on	St: Ward) If death occurred in a hospital or institution, give its NAME instead of street and sumber.)
	² FULL NAME	, or some manuel.)
PE	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 1980 (Year)
6 DATE	OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	TRG. 16 1 1929	that I last saw have alive on Manche 28 to 160.
7 AGE	(Month) (Day) (Year)	and that death occurred on the date stated above, at
	1 / Al I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUP	yrsmosds.lor min. ?	West. Buchtin
(a) Tra	de, profession or	
(b) Ger	neral nature of industry	(Duration) yrs. mos./ O.ds.
which o	employed or (employer)	Contributory
9 BIRTH	ate or country)	Secondary
10 N	NAME OF TO I I I I I I	(Signed) Merk M. D.
0 11 H	BIRTHPLACE OF FATHER (State or South)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
2 12 N	MAIDEN NAME OF SQUIDER	Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 18	BIRTHPLAGE OF MOTHER (State or country)	ients, or Recent Residents) At place of death yrs, mos. da. State, yrs, mos. da.
14 THE A	ABOVE IS RUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	mant hide les mos	Former or usual residence.
	(Address) Duri Tou Fille In	DE PLACE OF DURIAL OR REMOVAL BATE OF BURIAL
Filed	mar 3, 1930 In Lucker I glebanh	20 NOBERTAKER ADDRESS
	W more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1

APR 3 1930 BURDAU V. S.

No 20

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 27
Village or City Inna Oles (No. Come 2FULL NAME Many Jone	Ward) (If d-ath occurred in a hospital or institution, give lts NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Dsy) (Year)	17 I HERÉBY CERTIFY, That I attended the deceased from 1980 to 90, 1985, that I last saw h & alive on 00, 1930,
7 AGE If LESS that dayhrs ormin.; ds. ormin.;	The CAUSE OF DEATH y was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Question) yts mos # ds.
which employed or (employer) BERTHPLACE (State or eountry) 10 NAME OF	Contributory Orlero seles asia Dyration Makanan de.
FATHER GEORGE Waters	(Signed) July M. D. Oct 9 19230(Address) Quanafoolis
OF FATHER (State or country) 12 MAIDEN NAME	*State the lisease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unpround	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Unknown	At place of death yrs mos, Ads, In the State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contributed, if not at place of dea h? Former or
(Informant) face fonces (Address) 1701 + 20 Frankless	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF 19 30
File () 1923, 2 9 1 Pegistra)	Trast Skell of 34 nouthers
If more banks are needed, addre state negistra	r, 15 W. Saratoga M., Balto., I questing V. S. 1.5. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar; or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

"If this certificate is looked over thoroughly and a'l qu stions a fiswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County mar arundal	14668 CERTIFICATE OF DEATH
000011	Registration Dist. No. 22
Village or City Clark Station (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME WY LLOWN JOYNESS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
renoblamable, 1	1921. to 192.
(Month) (Day) (Year)	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH * was as follows:
o 3 yrs. mos. ds. or min.? la OCCUPATION la) Trade, profession or Particular kind of work	Probable Cancer of The
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) was burguina.	Contributory Secondary Duration) yes mosds.
10 NAME OF INDUSTRIAL	(Signed) DENNA 10 MANGELL ONLY M. D. Will J. O. 1923 (Address) Collection M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State-or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) MAGALLER (Address) SIVEM MAGALLER (Address)	Tombolish Cully all 2, 19.3
15 Filed Dec 20 1920 M. L. Jones Deup Local Registrar	Survey fry Bactoma
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housecupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farther (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; i the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enborer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a especially in industrial employments, it is neces-(b) Automobile factory. The materia single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DrsEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same acceped term for the same disease. Examples: Cerebro, with
fever (the only definite synonym is "Epidemic cerebro,
spinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia,")
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary) stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary Whooping cough; Chronic "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not pess important. Example: Measles (disease valvular heart disease; etc. The contributory

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WRITE

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300	PLACE OF DEATH	
EXT	County Mus Grandel.	
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be l	MARRIED, WIDOWED.	• /
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upplied terms se insti	mos. ds. or	
supplied. n terms so See instru	(a) Trade, profession or particular kind of work (b) General nature of industry	
	particular kind of work	
carefully TH In plal portant.	(b) General nature of industry business, or establishment in	1
e = t	which employed or (employer)	
H	9 BIRTHPLACE	
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200	10 NAME OF	
shoul E CF is ve	FATHER Davil mus.	
E Sh	U 11 BIRTHPLACE OF FATHER	1
CAUS	(State or country) W.a. Co hun (State or country) 12 MAIDEN NAME OF MOTHER Quelia Spurgo.	X
ATI	C 12 MAIDEN NAME OF MOTHER	
Te to	13 BIRTHPLACE	_
ata Sta	OF MOTHER 16. CG YNO,	
T po	(State or Country)	
em of should	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	-
sho sho	(Informant) Broil Jones.	
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STATE OF MARYLAND CERTIFICATE OF DEATH

12 73

_St	 	 W	ard)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

	MEDICAL CERTIFICATE OF BEATH
	16 DATE OF DEATH
	10/10/30, 192
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	, 192, 192,
**	that I last saw h alignon , 192,
n	and that death occurred on the date stated above, atm.
8.	
2	eng/
-	The CAUSE OF DEATH * was as follows:
• •	Just 1
	Omn Philiperation) yrs mos de.
	Contributory
	Secondary
_	(Duration) yrsmosds.
	(Signed) John Illemuken M. D.
_	18/18/2 (Address) Com Burn
	1.40)
	*State the Pissase Caudax Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
_	ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disease contracted,
	if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	06/1 +11 000 00 + 11 00
-	ADDRESS
	20 UNDERTAKER
	Pasil Jones. Harmans

If more blanks are needed, addre s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year) If LESS tha I day hr

ds. or min.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the additional line is provided for the latter statement; it tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer freor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal* ferer* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhcid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

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